



Results of the 2003 Pregnancy and Parenthood Survey

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REPORT DOCUMENTATION PAGE					<i>Form Approved OMB No. 0704-0188</i>	
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16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON	
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Foreword

Readiness is key to the effectiveness of the Navy. With women comprising about 15 percent of the Navy, there is interest in determining if issues such as pregnancy and single parenthood have any impact on readiness of the Navy and other personnel functions. The Navy Pregnancy and Parenthood Survey has been administered biennially since 1988 to try to assess these and related issues. The current study was sponsored by the Office of Women's Policy, N-134, of the Bureau of Naval Personnel. The authors are grateful to the Navy women and men who took the time to respond to the survey. The authors also gratefully acknowledge the assistance and support of the current and past project sponsors and customers: CAPT Linda Speed, CAPT Carol Schmidt, CAPT Christine Curto, LT Nancy Talbot, and LT Sarah Self-Kyler. A special thanks to Ms. Patricia J. Thomas and LT Antonia Lopez for all their past support and assistance.

DAVID L. ALDERTON, Ph.D.
Director

Summary

Purpose

As career opportunities for women in the Navy have broadened, women have assumed an increasingly integral role in all aspects of the Naval service. Navy leadership has maintained an interest in determining the impact of pregnancy and parenthood issues, both on men and women and on the overall readiness of the Navy. It is difficult, if not impossible, to gain from existing databases accurate metrics relating to the rates of pregnancy, single parenthood, and related topics. Therefore, since 1988, the Navy-wide Pregnancy and Parenthood Survey has been the tool by which Navy leadership has assessed these metrics. The survey also satisfies the requirements of SECNAVINST 1000.10 to collect objective data for use in evaluation of Department of Navy (DON) pregnancy policies.

Approach

The 2003 Pregnancy and Parenthood Survey consisted primarily of core items from previous survey administrations with the addition of questions of current interest to Navy leadership. As in previous years, there were two versions of the survey, male and female, which mirrored each other except for gender-appropriate wording changes and the addition of a pregnancy section in the female version. In July 2003, surveys were mailed directly to approximately 10,000 women and 7,000 men. More surveys were sent to women in order to maximize the number of returns from respondents who had been pregnant while in the Navy. The survey field was closed in October 2003. Responses, which were anonymous, were weighted by paygrade to be representative of the Navy.

Findings

Slightly more than 5,000 surveys were returned, yielding a return rate of about 40 percent for women and 33 percent for men, higher than found in other Navy-wide surveys. Overall, the results of the 2003 survey were very similar to previous years. In terms of pregnancy, point-in-time (i.e., snapshot of those pregnant now) rates of pregnancy are similar to previous years. The annualized pregnancy rate has increased slightly from FY00 and is now comparable to previous years.

Rates of single parenthood have increased slightly for women and remained the same for men as compared to the last survey administration. While the rate of single parenthood is higher in women than men, there are numerically more male single parents in the Navy due to the fact that men comprise about 85 percent of the Navy population. Single parents are becoming more likely than in previous administrations to leave their children with grandparents as opposed to with the child's other parent. Compliance with the Family Care Plan, in which single parents and dual-military parents indicate who will take care of their children while they are not available, is about 75 percent for women and about 50 percent for men, although the findings for men should be interpreted cautiously since they are based on relatively few respondents.

Other findings from the survey indicate that the knowledge of emergency contraception is increasing in the Navy, and most men and women have had training about birth control, sexually transmitted diseases (STD), and family care and pregnancy policies. As on past surveys, very few indicate they have seen the Navy's pregnancy/parenthood videos.

Recommendations

Based on the results of the survey, a number of recommendations are offered:

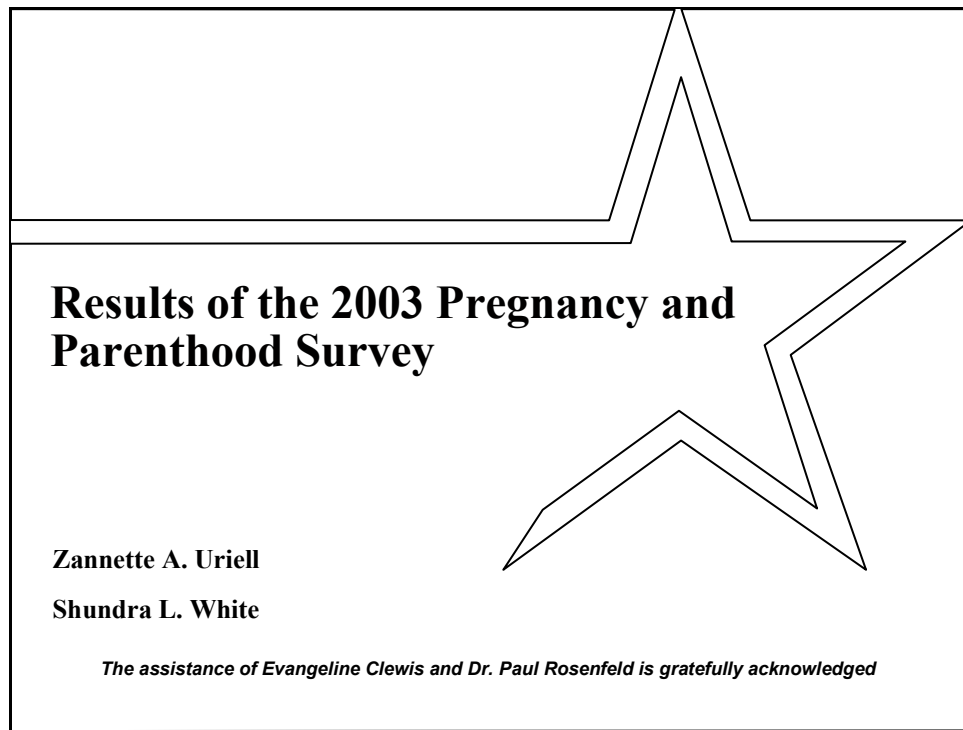
1. Provide feedback to survey respondents, BUMED, NETC, and the Fleet.
2. Develop Family Care Program training plan.
3. Increase periodicity of Immediate Superior In Command (ISIC) Family Care Program compliance assessment.
4. Improve General Military Training (GMT) to increase awareness (e.g., birth control, unplanned pregnancies).
5. Increase awareness of web-based pregnancy toolkit and Women's Policy website address.

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Appendix B: 2003 Pregnancy and Parenthood Survey Male Version	B-0
Appendix C: Analysis of Open-ended Comments.....	C-0



The 1987 Working Group on Women in the Navy (Secretary of the Navy, 1987) examined the utilization of women in the Navy. The working group made a number of recommendations, covering a range of issues including sea/shore rotation, career opportunities, sexual harassment, uniforms, and pregnancy. One of the recommendations was to conduct a study about pregnancy and its impact in the Navy.

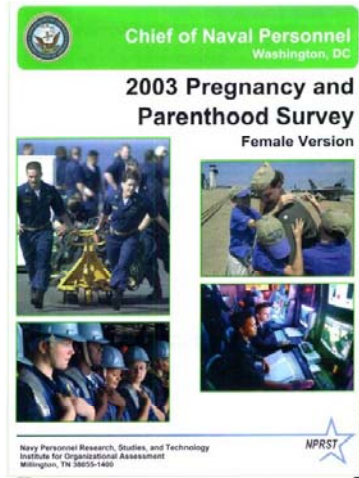
In 1988, the Survey of Navy Women and the Survey of Navy Men were administered. These surveys were the first part of a 3-year study to look at the impact of pregnancy on the Navy. The surveys were designed to gather data on the number who were pregnant as well as the number of both men and women who were single parents, since there were no existing Navy or Department of Defense (DOD) databases with this information (Thomas & Edwards, 1989).

A version of these surveys has been administered almost biennially since then (see also Thomas & Uriell, 1998; Thomas & Mottern, 2002; and Uriell, 2004). This annotated briefing presents the results from the 2003 administration as well as comparisons to previous surveys, where applicable.

Overview

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- **Background**
- **Approach**
- **Method**
- **Survey Results**
 - **Parenthood**
 - **Family Planning Attitudes**
 - **Birth Control**
 - **Education and Training**
 - **Pregnancy**
- **Overall Summary**
- **Recommendations**



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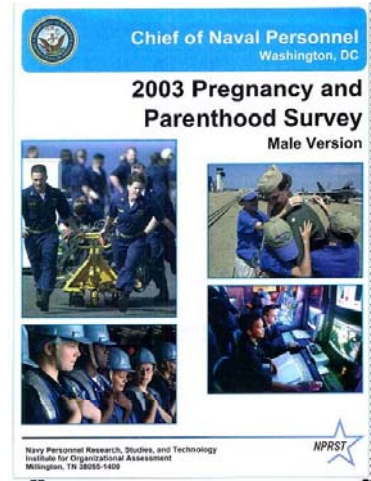
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This annotated briefing covers the project background, approach, methodology, results, and summaries for each section, as well as for the survey overall, and recommendations. The results generally follow the order of the surveys, available in Appendices A and B. Additional analyses of the comments were done for this report and are contained in Appendix C.

Background

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- Percentage of women in the Navy has increased
- The impact on readiness and efficiency of pregnancy and single parenthood is of interest to Navy leadership
- Current databases may not accurately reflect key parenthood and pregnancy statistics
- Need to determine factual information to make effective policy decisions



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The percentage of women in the Navy has increased to about 15 percent of the Active Duty Force. As the percentage began increasing, there was an interest in determining the impact of pregnancy and parenthood, issues traditionally considered women's issues. Because current military databases may not accurately reflect pregnancy and parenthood statistics, which are vital in making effective policy decisions, there still is current interest in tracking this information through personnel surveys.

Background



- **2003 Pregnancy and Parenthood Survey**
 - **Seventh in a series of Navy-wide biennial surveys dating from 1988**
 - **Oldest continuous Navy personnel survey**
- **Satisfies requirements of SECNAVINST 1000.10 to collect objective data for use in evaluation of DON pregnancy policies**
- **Collects data either not available or not readily available in other Navy data sources on topics such as**
 - **Single parenthood**
 - **Family planning attitudes**
 - **Birth control practices**
 - **Pregnancy rates**

The Pregnancy and Parenthood Survey has been administered since 1988 on a biennial basis, except between 1992 and 1997 when it was not administered due to lack of funding. The survey satisfies SECNAVINST 1000.10 requirements to collect objective data for use in evaluation of Department of the Navy (DON) pregnancy policies (Secretary of the Navy, 1995). In general, these data relate to single parenthood, family planning, birth control practices, and pregnancy.

Approach



- **Survey sent to approximately 10,000 active duty females and 7,000 active duty males**
- **Cross-year comparisons made where possible**
- **Core survey question topics include parenthood, family planning attitudes, and birth control practices**
- **Additional questions about pregnancy included on female version**

The 2003 surveys were mailed to about 10,000 active duty females and 7,000 active duty males. This allowed for gathering sufficient pregnancy information while also enabling comparisons between the opinions of women and men where appropriate. Cross-year comparisons are also made where possible. Core topics included questions on parenthood, family planning attitudes, and birth control practices, with additional questions about pregnancy on the version administered to women. Core questions were worded the same except for gender-specific wording changes (i.e. “have a child” on the survey for women became “father a child” on the survey for men).

Method



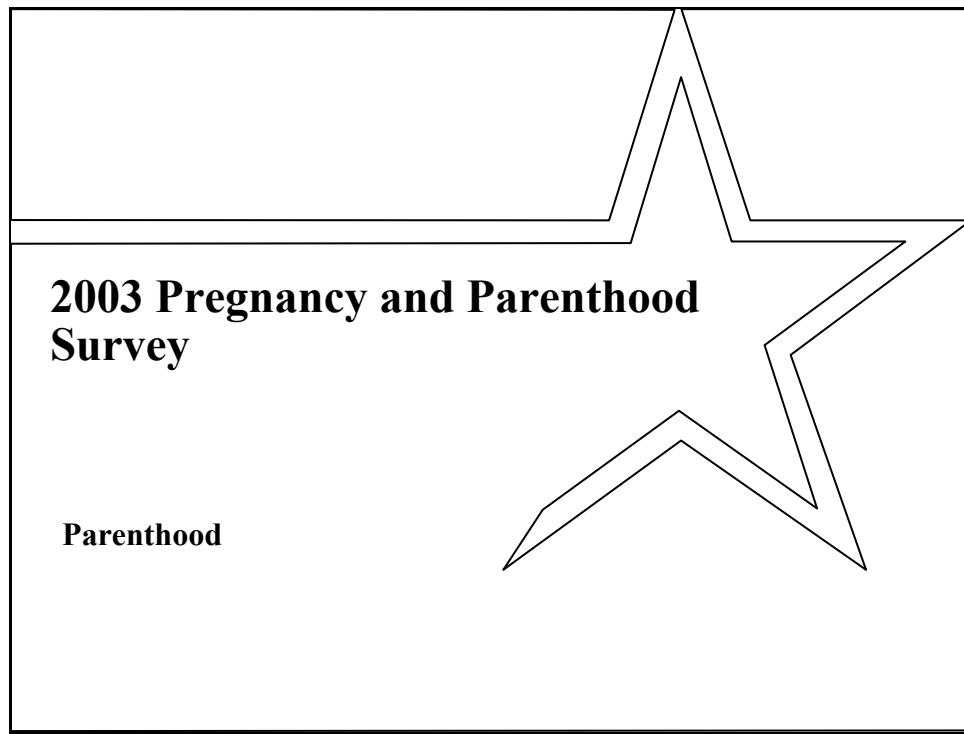
- Surveys mailed to a stratified random sample of Navy women and men
- Surveys administered in July 2003; field closed October 2003
- Responses statistically weighted to be representative of the Navy

	Women	Men
Sent	9,451	6,567
Received	3,374	1,945
Used	3,274	1,878
Return-to-Sender	919	611
Return Rate	40%	33%

Notification letters were mailed to a stratified random sample of women and men in July 2003 at their duty stations. Surveys were sent two weeks later, with a reminder letter following two weeks after the surveys were mailed. All data were scanned and the field was closed in October 2003. Responses were statistically weighted by paygrade and gender to be representative of the Navy population as a whole.

Return rates were calculated using the number of surveys sent, number of surveys received that were complete or partially complete, and the number of surveys that never reached the intended recipient (return-to-sender). Some surveys were not used in analyses because they lacked paygrade data and so could not be weighted to be representative of the Navy.

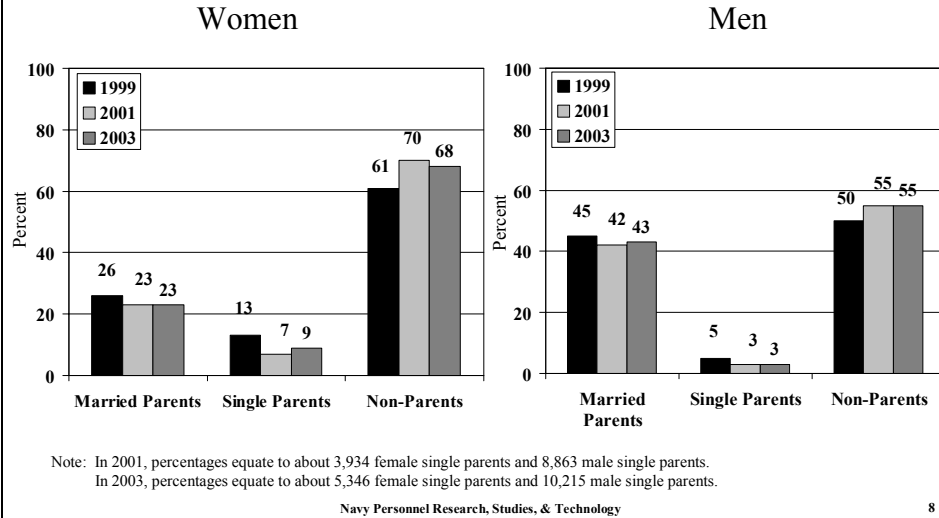
Return rates of Navy personnel surveys are now typically between 30 and 35 percent, making the overall return rate of 37 percent better than the current average. Estimates for return rates for enlisted ranged from 35 percent for women to 24 percent for men, and for officers ranged from 52 percent for women to 53 percent for men.



The first section of the survey deals with parenthood in general. This section asked questions to determine the percentage who are married parents or single parents, reasons behind single parenthood, Family Care Certificate compliance, and actions taken by single parents in relation to childcare during deployment.

General Parenthood Results

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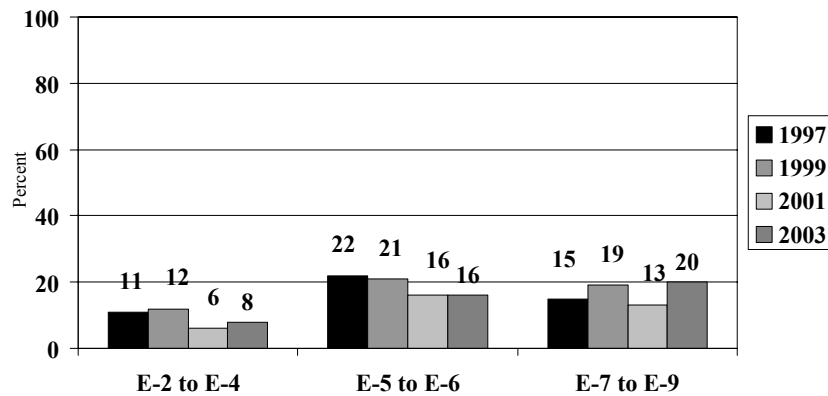


About one-half of Navy men and about one-third of Navy women are parents. A larger percentage of men (43%) than women (23%) are married parents while a larger percentage of women (9%) than men (3%) are single parents. Using current Navy personnel numbers, these percentages equate to somewhat over 5,000 single mothers and 10,000 single fathers. Because of the gender demographics of the Navy, even though women had a higher percentage of single parenthood, there are about twice as many single fathers in the Navy as single mothers.

Years prior to 1999 are not displayed because of differences in computation method.

Female Enlisted Single Parents with Custody

NPRST



Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

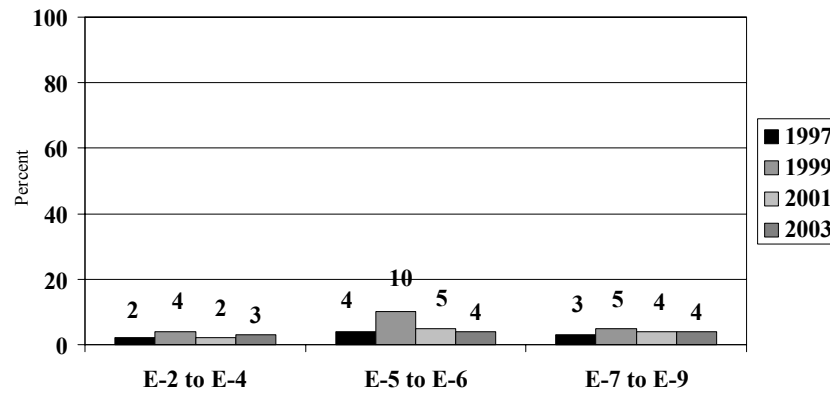
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Question 15 asked respondents to indicate whether they were single parents and, if they were, what type of custody they had. In this instance, custody includes those with sole custody or some version of joint custody. The results for female enlisted show that the rates for E-2 to E-4 and E-5 to E-6 (8% and 16%, respectively) are similar to the 2001 results (6% and 16%, respectively) but there has been a slight increase in E-7 to E-9 (20%), back to the 1999 levels, possibly because this is such a small group subject to fluctuations due to low sample size.

The majority (55%) is unmarried when the child is born, but a large portion (39%) become single parents through divorce. Few (1%) indicate the death of their spouse or other (5%) as reasons they became single parents.

Male Enlisted Single Parents with Custody



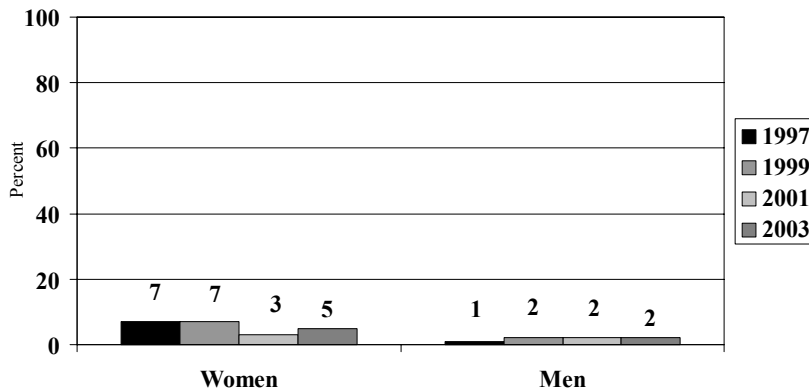
Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

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For male enlisted, results are very similar to the 2001 results with about 4 percent of male enlisted single parents having sole or joint custody of their children. The most common reason for a man to be a single parent with some type of custody is because of divorce (58%), but this number should be viewed with caution since there are so few enlisted men with custody.

Officer Single Parents with Custody



Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

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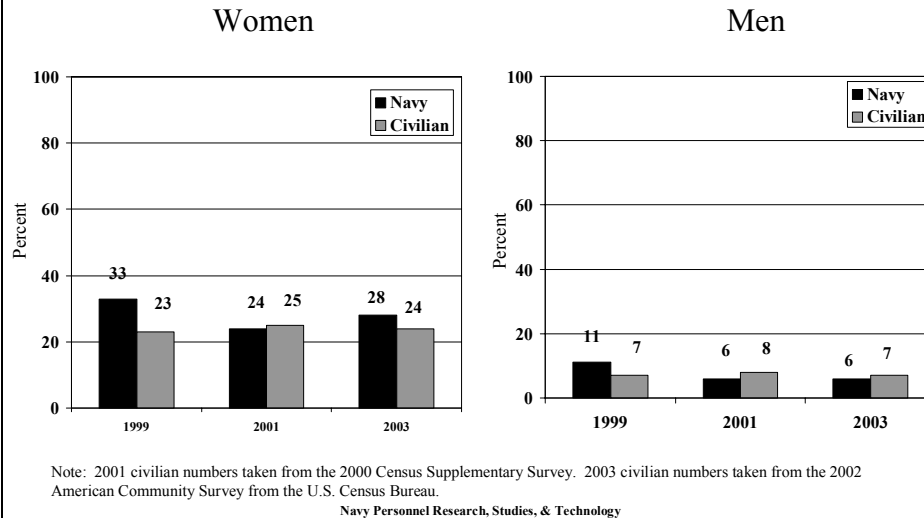
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Because of the small numbers, officer single parents are not broken out by paygrade. The results for males and females are similar to the last administration, with about 5 percent of women and 2 percent of men having custody.

Women officers predominantly become single parents through divorce (61%), while one-third (33%) were unmarried when the child was born, 3 percent adopted, 2 percent are widows, and 2 percent indicate other. For male officers, most (81%) become single parents with custody through divorce, but reasons for being a single parent should be viewed cautiously for men and women officers because of the very small number of respondents in the group.

Percentage of Parents who are Single

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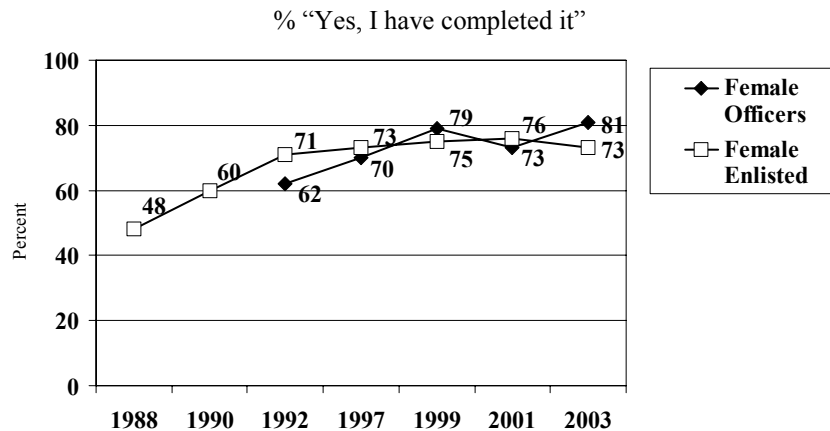


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About 28 percent of all Navy mothers in 2003 were single parents, 4 percent higher than available civilian numbers from 2002. Percentages for fathers were similar between the Navy and the civilian community.

Family Care Certificate Compliance: Female Respondents

NPRST



Note: Includes all single parent and military-married-to-military respondents with children under 21.
Results for female officers should be viewed with caution due to low numbers.

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Planning for care of family in the absence of the Navy member is important in the Navy because of the frequency of deployments. A formal plan, called the Family Care Plan, is required by OPNAVINST 1740.4B (CNO, 2004) for parents who are single or dual-military as well as for those with other dependent family members such as a spouse with limited English or a parent with limited ability to care for themselves. According to Navy policy, the plan should be reviewed upon arrival at a new command and once a year after that.

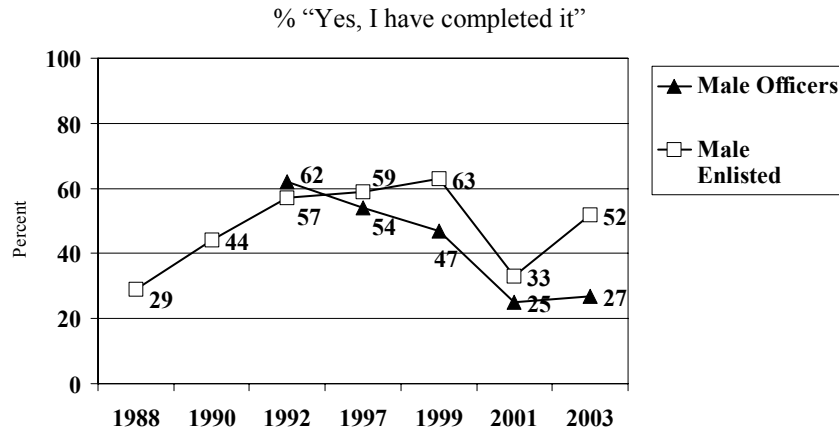
The survey asked those who were single parents or dual-military parents—regardless of the age of their child—about completion of their Family Care Certificate (FCC). OPNAVINST 1740.4B defines a child as being under 19 years of age. Surveys prior to 2001 did not allow breakouts for those under 19, so this section and the next look at all children under 21 for comparison to previous years. When looking at just those with children under 19, the results are very similar.

Most enlisted women (73%) and officer women (81%) indicate that they have completed their Family Care Plan. While the female officer results should be viewed with caution since they are based on low numbers of respondents, the overall trend indicates completion is high but not at the 100 percent target.

The survey only asked if the respondent had completed the form at their current command and did not ask about accuracy of information on the form.

Family Care Certificate Compliance: Male Respondents

NPRST



Note: Includes all single parent and military-married-to-military respondents with children under 21.
Results for male officers and male enlisted should be viewed with caution due to low numbers.

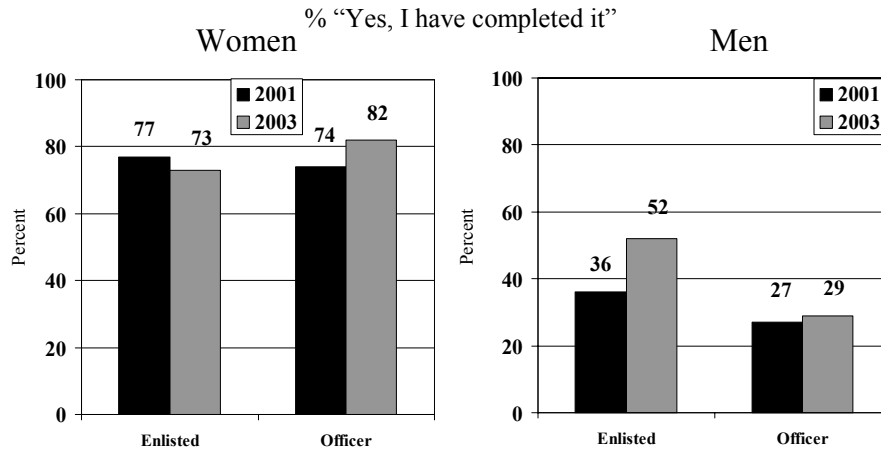
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Overall, men seem to be less likely than women to complete the FCC, with male officers being the least likely to do so. However, all results for men should be viewed with caution due to the low numbers of respondents in this group.

Family Care Certificate Compliance if Children under 19 Years

NPRST



Note: Results for female officers, male officers, and male enlisted should be viewed with caution due to low numbers.

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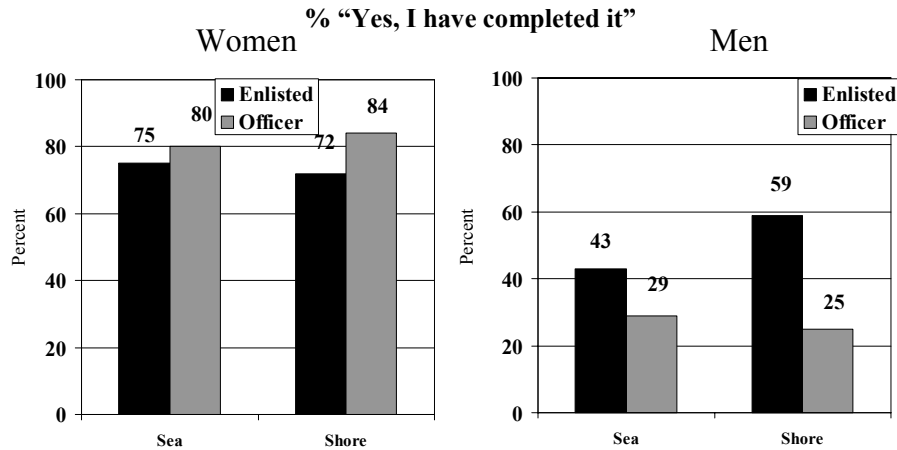
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When the question was reanalyzed to include only those parents who indicate they have at least one child under 19, the numbers are very similar to those found previously, with most women completing the form and fewer men completing it. Results for female officers and men should be interpreted cautiously due to low numbers in these groups.

For the largest group who should complete the form—enlisted women—the most common reason (18%) given for not completing the form is because they haven't been told to.

Family Care Certificate Compliance if Children under 19 Years by Type of Duty

NPRST



Note: Results for female officers, male officers, and male enlisted should be viewed with caution due to low numbers.

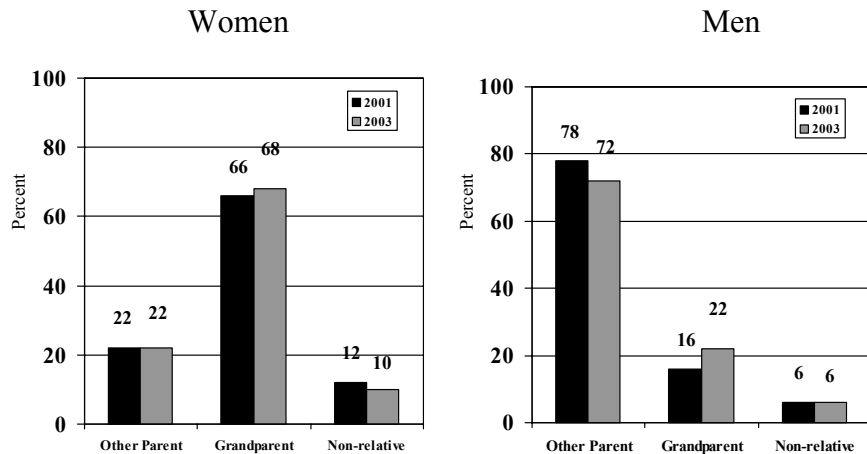
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The previous was reanalyzed by type of duty to determine if the FCC compliance was better for those at sea or ashore. There do not seem to be large differences for any of the groups except for the enlisted males, but results for that group as well as for both officer groups should be interpreted cautiously due to low numbers of respondents.

Who Cares for Child When You Deploy: Enlisted Single Parents

NPRST



Note: Results for male enlisted should be viewed with caution due to low numbers.

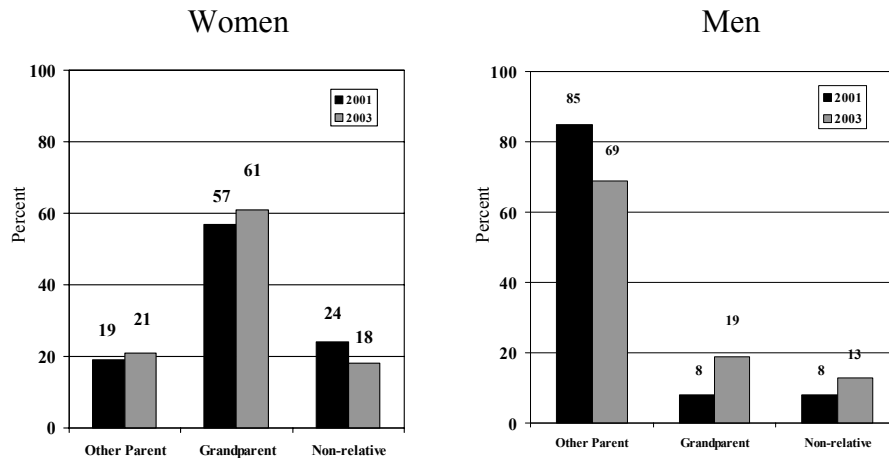
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One concern for single parents is what happens to their children when they deploy. For most enlisted single mothers, the child is sent to their grandparent. For most enlisted fathers, the child is sent to their mother although there has been an increase in the percentage who send their child to the grandparent. Results for males should be viewed with caution because of low numbers.

Who Cares for Child When You Deploy: Officer Single Parents

NPRST

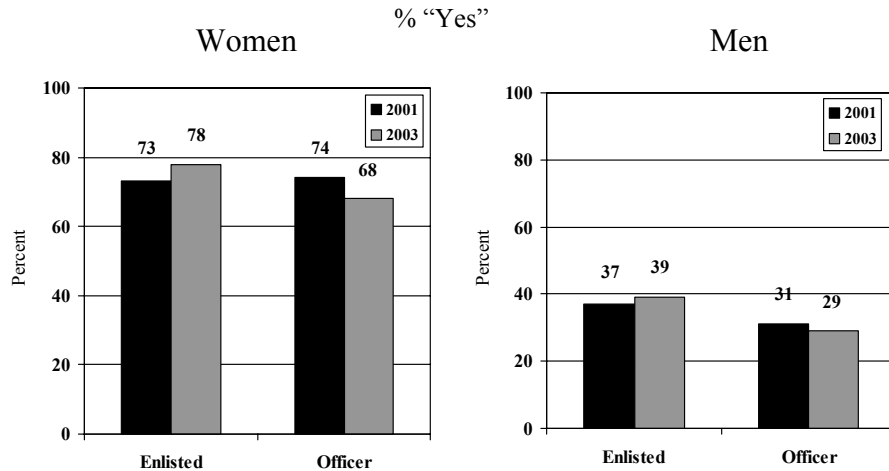


Note: Results for female officers and male officers should be viewed with caution due to low numbers.
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The officer single parents show a similar pattern to enlisted. There is a large difference in men between the administrations, but results on this slide should be viewed with caution due to low numbers. Again, there seems to be an increase for both women and men in the number sending their children to the grandparent.

Does Your Child Move When You Deploy: *NPRST* Single Parents



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Deployment can pose challenges for any family, and for families with single parents, needing to move in with a caretaker may compound this. Question 14 asked if the child is required to move when the parent goes on deployment. This slide shows results for single parents, regardless of custody arrangement.

For women, a large percentage indicates that their child has to move while only about one-third of men indicate the same.

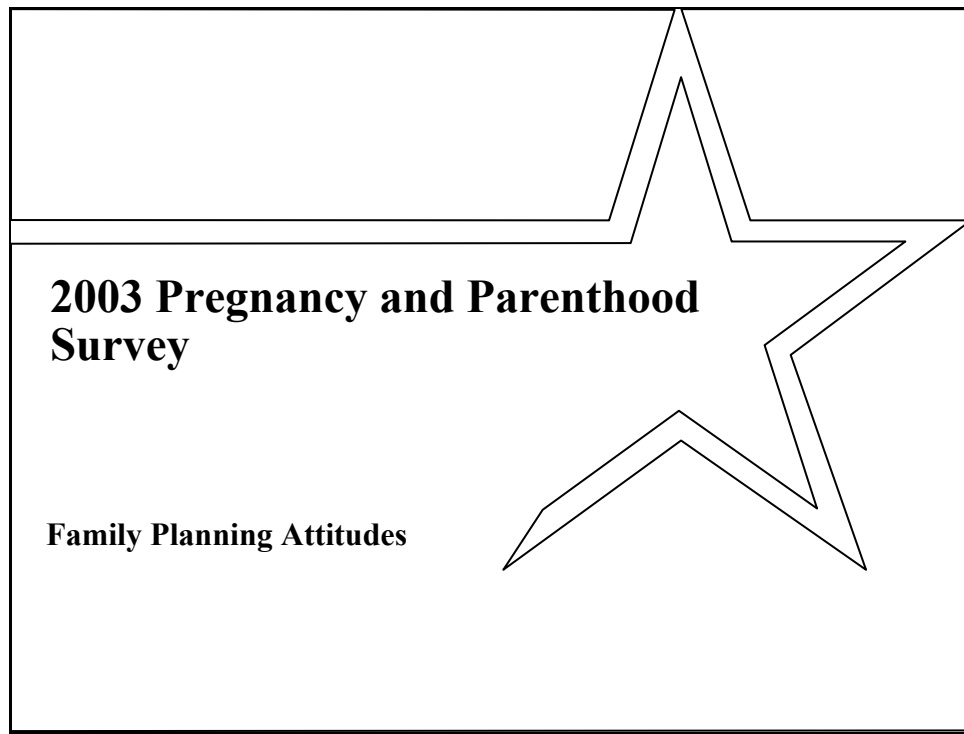
Parenthood Highlights



- For women, the percentage of single parents increased slightly while non-parents decreased slightly compared to 2001.
- As in previous years, there is a higher percentage of Navy single mothers than Navy single fathers, but overall there is a higher number of Navy single fathers due to Navy demographics.
- Family Care Certificate (FCC) compliance remains better among women than men.
- Both female and male single parents are more likely to leave their children with grandparents when they deploy.

There are four main points from the parenthood section:

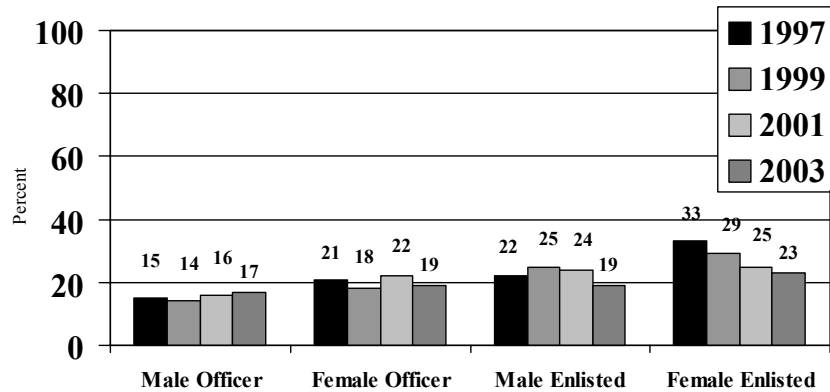
- The findings indicate a slight increase in the percentage of single parents as compared to 2001.
- There is a higher percentage of single mothers in the Navy, but considering that the Navy is mostly male, there are numerically more single fathers.
- The Family Care Plan Certificate is primarily required for dual military parents and single parents. Of those parents required to complete it, there is better compliance by women than men.
- When single parents deploy, they are more likely to have the grandparents care for the children than in previous years.



The section on Family Planning Attitudes asked questions about opinions of when Navy women should have children and what attitudes personnel had about use of birth control.

The Best Time for a Navy Woman to Become Pregnant is Whenever She Wants a Child

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One question asked about attitudes of when is the best time for a Navy woman to have a child. This is an important question because possible answers ranged from whenever she wants (not taking Navy needs into account) to never (only taking Navy needs into account). This data shows that 23 percent of female enlisted believe a Navy woman should become pregnant whenever she wants, which is down from 33 percent in 1997. The trend for this answer choice has been downward for all groups except male officers.

Family Planning Attitudes: Enlisted

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	Male		Female	
	2001	2003	2001	2003
I think it is important to use birth control until getting married, and then it doesn't matter.	65%	68%	57%	56%
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	64%	63%	59%	57%
I would have sexual intercourse without birth control if my partner wanted me to.	63%	62%	28%	29%
When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	35%	31%	15%	15%

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."

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Each of the family planning attitudes questions listed had six answer choices: (a) Not at all true of me, (b) Slightly true of me, (c) Somewhat true of me, (d) Mostly true of me, (e) Completely true of me, or (f) Not applicable. The results show those who indicate that the behavior is even "slightly true of me" since even one instance of unprotected sex can lead to pregnancy.

These data show questions where the sexually responsible response would be that the behaviors are not at all true of the respondent (i.e., lower numbers are better). A concern here is that almost one-third of enlisted males and 15 percent of enlisted females feel that if birth control is not available you just have to take a chance and hope that a pregnancy does not happen.

Family Planning Attitudes: Enlisted (cont'd)

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	Male		Female	
	2001	2003	2001	2003
I make it my responsibility to discuss birth control with my partner.	92%	93%	95%	95%
I think it is important for men to get involved with birth control.	96%	95%	98%	96%
My most recent partner encouraged use of birth control.	82%	84%	84%	83%
Birth control is the responsibility of the woman.	28%	31%	54%	54%

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."

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For the first three questions listed above, the sexually responsible choice would be that these are true of the respondent (i.e., higher numbers are better). Overwhelmingly, enlisted feel that the responsibility to discuss birth control with their partner is at least slightly true for them; only 7 percent of enlisted men and 5 percent of enlisted women feel that it is not their responsibility.

Family Planning Attitudes: Officer

NPRST

	Male		Female	
	2001	2003	2001	2003
I think it is important to use birth control until getting married, and then it doesn't matter.	53%	51%	36%	36%
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	55%	51%	36%	37%
I would have sexual intercourse without birth control if my partner wanted me to.	50%	51%	16%	17%
When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	19%	17%	6%	5%

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."

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The percentages are lower for officers, indicating that officers express more sexually responsible attitudes than enlisted. Of note, 17 percent of officer males indicate that if birth control is not available, they would just take a chance and hope that a pregnancy does not result.

Family Planning Attitudes: Officer (cont'd)

NPRST

	Male		Female	
	2001	2003	2001	2003
I make it my responsibility to discuss birth control with my partner.	92%	96%	95%	97%
I think it is important for men to get involved with birth control.	96%	98%	98%	98%
My most recent partner encouraged use of birth control.	82%	91%	84%	93%
Birth control is the responsibility of the woman.	28%	28%	54%	64%

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."

There was strong agreement with the first three sexually responsible questions.

Family Planning Attitudes Highlights



- **Family planning attitudes are very similar to 2001.**
 - **Largest increase was for officers who indicated their most recent partner encouraged use of birth control.**
- **As in 2001, males indicate they are more likely than females to:**
 - **Have intercourse without birth control if partner desires.**
 - **Take a chance when birth control is not available and hope there is no pregnancy.**
- **As in 2001, females indicate they are more likely than males to view birth control as being the responsibility of the woman.**

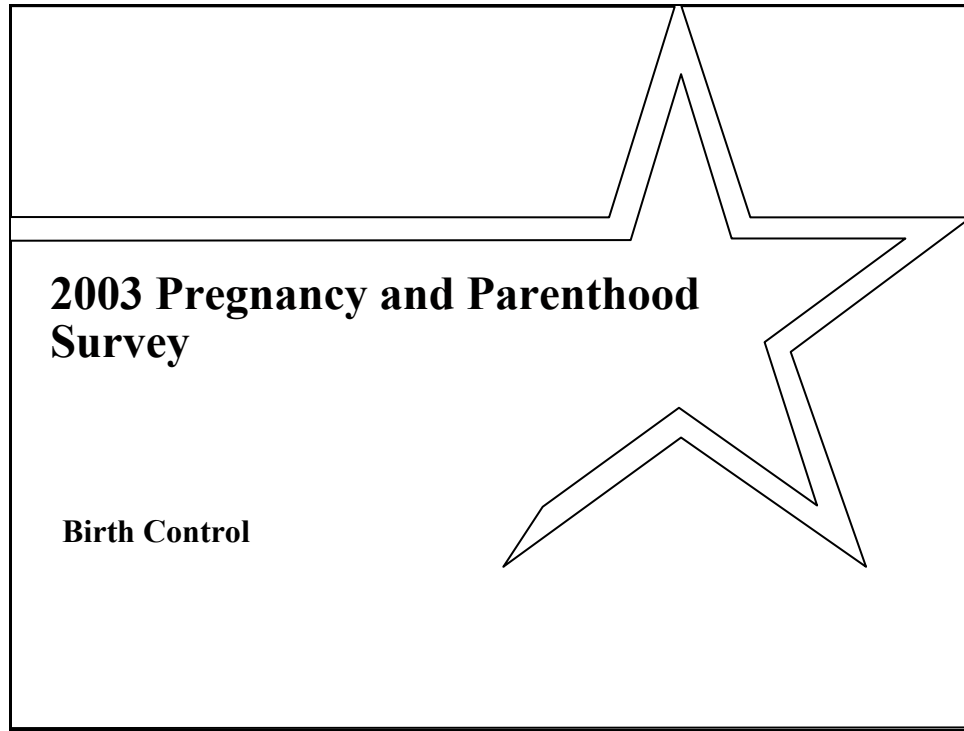
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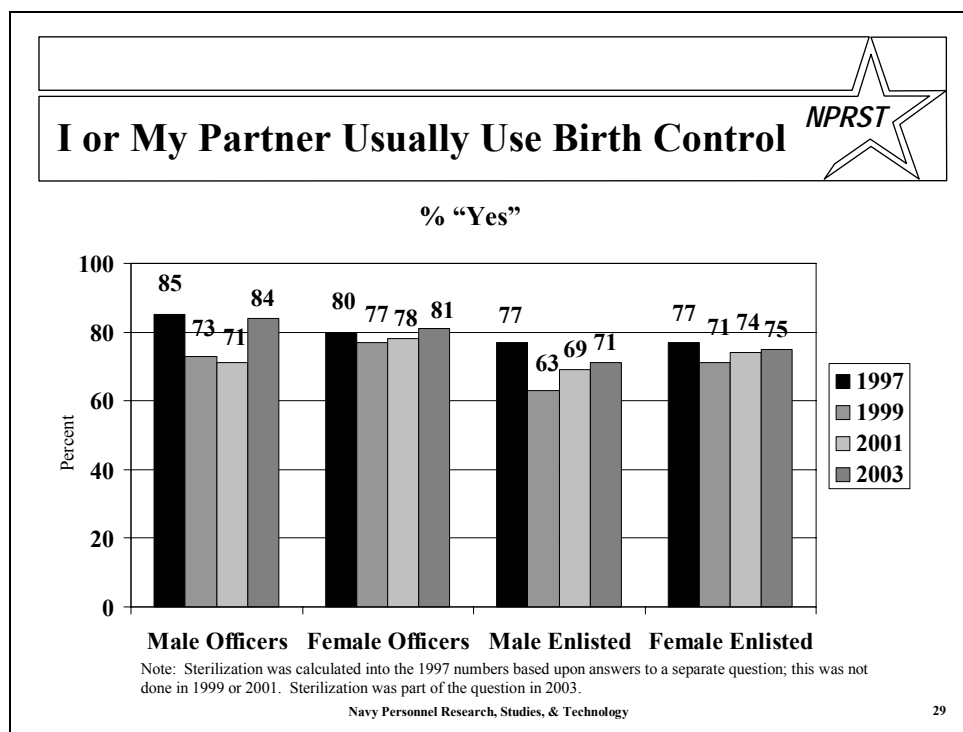
Overall, results of this section are very similar to those found in 2001. The largest increase was for officers who indicated that their most recent partner encouraged use of birth control, from 82 to 91 percent for male officers and from 84 to 93 percent for female officers.

The largest differences between men and women were found on three attitudinal questions:

- “I would have sexual intercourse without birth control if my partner wanted me to.” A difference of about 40 percentage points for enlisted and 35 percentage points for officers
- “When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.” A difference of about 15 percentage points for enlisted and 10 percentage points for officers
- “Birth control is the responsibility of the woman.” A difference of about 20 percentage points for enlisted and 35 percentage points for officers



The birth control section of the survey asked about birth control usage and knowledge, as well as comfort levels with health care professionals.



Almost three-fourths of Navy personnel usually uses some form of birth control. While this graph shows lower numbers in 1999 and 2001, that is primarily due to a difference in wording in the question, which did not include sterilization; the most comparable years are 1997 and 2003. Looking at those two years, it is notable that 71 percent of enlisted men (the largest group in the Navy) usually use birth control, a decrease from 77 percent in 1997.

The most common birth control method used was the birth control pill; 33 percent of enlisted women, 29 percent of enlisted men, 46 percent of officer women, and 38 percent of officer men listed this option. For enlisted, the second most common method involved a condom; for women, 29 percent use a condom or a condom plus another method while 37 percent of men indicated the same. For officers, the second most common method was tubal ligation or a vasectomy; 16 percent of women and 25 percent of men indicated this was their birth control.

The most common reason to not use birth control for all enlisted and the male officers was because they were trying to have a child or they/their partner was already pregnant. For the female officers, the most common reason for not using birth control was because they do not have sex or have not had sex in six months.

Birth Control Knowledge: Enlisted

NPRST

	% "True"			
	Male		Female	
	2001	2003	2001	2003
When used properly, condoms are just as effective as the pill in preventing pregnancy.	63%	63%	55%	57%
Women cannot get pregnant during their menstrual period.	23%	13%	10%	9%
Birth control medicines lead to cancer.	6%	7%	10%	11%
If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe.	44%	41%	72%	69%
Almost all women who take the birth control pill gain weight.	23%	23%	30%	29%
All methods of birth control are equally effective.	7%	8%	7%	9%

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The answers to the knowledge questions above are all false, with the exception of the question about missing two or more pills, which is true. Overall, most respondents knew the correct answers with the exception of the first question about birth control efficacy. Most people thought that condoms and birth control pills were equally effective, contrary to the medically shown effectiveness of 2 pregnancies per 100 women for condoms and .3 per 100 women for the pill (Planned Parenthood Federation of America, Inc., 2004).

However, for the true question regarding missed pills, less than half of the males realize it is true.

Birth Control Knowledge: Officers

NPRST

	% "True"			
	Male		Female	
	2001	2003	2001	2003
When used properly, condoms are just as effective as the pill in preventing pregnancy.	54%	55%	41%	43%
Women cannot get pregnant during their menstrual period.	20%	18%	14%	12%
Birth control medicines lead to cancer.	5%	8%	5%	7%
If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe.	57%	58%	86%	86%
Almost all women who take the birth control pill gain weight.	14%	14%	22%	20%
All methods of birth control are equally effective.	1%	1%	1%	1%

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Officers showed the same pattern of responses as enlisted, generally knowing the correct answer except for the first question about effectiveness of birth control. While showing the same general pattern, officers are more likely than enlisted to know the right answers. This is especially true for the question about missed birth control pills; while only 41 percent of enlisted males indicated true, 58 percent of officer males indicated true.

Health Care Providers



	% “Strongly Agree” and “Agree”			
	Enlisted		Officer	
	Men	Women	Men	Women
I would feel comfortable discussing birth control with a military physician.	76%	85%	88%	94%
I would feel comfortable getting birth control from a military physician.	78%	87%	86%	95%
I would feel comfortable discussing birth control with a military nurse practitioner/physician assistant.	75%	85%	84%	92%
I would feel comfortable getting birth control from a military nurse practitioner/physician assistant.	77%	84%	84%	92%
I would feel comfortable discussing birth control with a corpsman.	63%	60%	57%	46%
I would feel comfortable getting birth control from a corpsman.	65%	58%	59%	48%

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The 2003 survey asked questions about sources of birth control. The questions were modified slightly from those asked in 2001 and are not directly comparable. This year they asked specifically about discussing and getting birth control from several types of health care providers because talking about birth control might be different from obtaining birth control. The results show that there is not a large difference between opinions of discussing birth control and actually getting birth control.

As in 2001, there is a difference in perceived comfort levels between health care providers with regard to birth control. Respondents are most comfortable with military physicians and nurse practitioners/physician assistants and least comfortable with corpsmen.

Health Care Providers (cont'd)

NPRST

	% “Strongly Agree” and “Agree”			
	Enlisted		Officer	
	Men	Women	Men	Women
I would feel comfortable discussing birth control with the medical personnel aboard ship.	64%	64%	69%	65%
I would feel comfortable getting birth control from the medical personnel aboard ship.	65%	65%	69%	69%
I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	36%	36%	26%	23%
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	35%	35%	23%	21%

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About two-thirds of respondents are comfortable in discussing and obtaining birth control from medical personnel aboard ship.

Respondents were also asked if they would be more comfortable with a civilian health care provider than a military health care provider. About one-third of enlisted agreed, while about one-fourth of officers agreed.

Emergency Contraception: Enlisted

NPRST

	% "Yes"			
	Male		Female	
	2001	2003	2001	2003
Prior to this survey, I knew what emergency contraception was.	35%	39%	63%	71%
During my last physical exam, emergency contraception was discussed.	2%	2%	7%	10%
Emergency contraception is available where I am currently stationed.	9%	10%	14%	23%

Note: Don't know option included in analyses.

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Emergency contraception, known also as the morning-after pill, involves taking pills containing the same hormones as those available in birth control pills within a short time of having unprotected sex. In the U.S., emergency contraception has been available by prescription since 1999 and is currently being considered for over-the-counter status. Plan B or Levonorgestrel is currently the only dedicated emergency contraceptive available in the U.S. The survey contained a brief description of emergency contraception, and respondents were asked three questions using this definition. Knowledge about emergency contraception has increased for enlisted personnel, especially among women. It is not often discussed at physical examinations, and few know if it is available where they are currently stationed.

Emergency Contraception: Officer

NPRST

	% "Yes"			
	Male		Female	
	2001	2003	2001	2003
Prior to this survey, I knew what emergency contraception was.	53%	60%	76%	81%
During my last physical exam, emergency contraception was discussed.	0%	0%	2%	3%
Emergency contraception is available where I am currently stationed.	5%	8%	19%	21%

Note: Don't know option included in analyses.

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The pattern of responses is similar for officers. More officers know what emergency contraception is. A smaller percentage of officers than enlisted indicate that it was discussed at their last physical exam. About 1 in 5 women indicate that emergency contraception is available where they are currently stationed, similar to the findings for enlisted women.

Birth Control Highlights



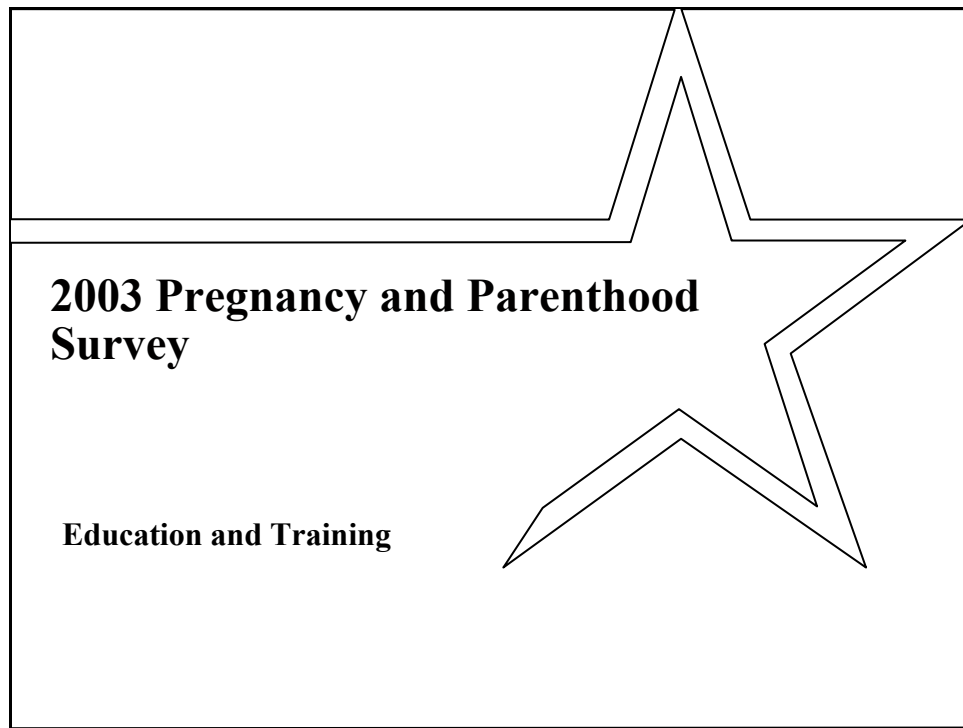
- **About 75 percent usually use some form of birth control.**
- **Birth control knowledge of Navy men and women is generally accurate, however:**
 - **Over half incorrectly believe the condom is just as effective as the pill.**
 - **Men are less likely to know that if a woman misses 2 or more pills in a row she must use additional birth control methods.**
- **Men and women are most comfortable discussing and getting birth control from military physicians.**
- **Knowledge of emergency contraception is increasing.**

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About 75 percent of the Navy usually uses some form of birth control. Generally, Navy men and women are knowledgeable about birth control although some gaps remain, and their knowledge of emergency contraception is increasing.

Men and women are most comfortable discussing and getting birth control from military physicians, but, as in the past, women officers are less comfortable with corpsmen.



Being educated about family planning options and Navy policies currently in place is important in making decisions about these issues. Questions on the survey asked respondents if they had seen two Navy family planning videos as well as where they obtained training about sexually transmitted diseases (STDs), birth control, the pregnancy policy, and the FCC policy.

Educational Video Viewing

NPRST

Planning for Tomorrow



Note: Percentages include those who responded "Yes, at recruit training," "Yes, at this command," or "Yes, at some other command."

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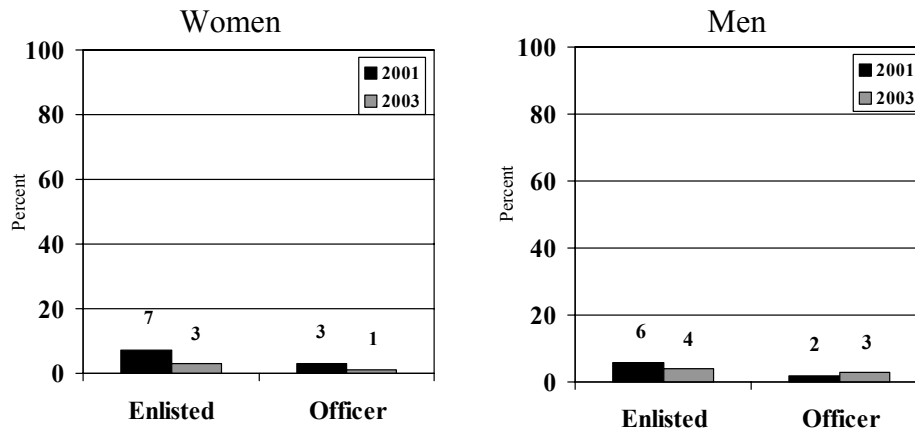
38

There are two videos produced for the Navy about parenthood and pregnancy, both of which are part of the pregnancy toolkit available on CD or were available at the time of the survey on the website of the Office of Women's Policy. *Planning for Tomorrow: Parenting and Pregnancy* (CNET, 1999) deals with the Navy policy on pregnant servicewomen. The graphs above show that few have seen the video at recruit training, at their current command, or at some other command.

Educational Video Viewing

NPRST

Give Yourself a Chance



Note: Percentages include those who responded "Yes, at recruit training," "Yes, at this command," or "Yes, at some other command."

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The second educational video, *Give Yourself a Chance* (CNET, 1997), encourages personnel to postpone parenthood until they are adjusted to Navy life. Even fewer personnel indicate they have seen this video.

Sources of Training on STDs: Enlisted

NPRST

	Men		Women	
	2001	2003	2001	2003
Previous Command	69%	71%	63%	63%
Current Command	67%	63%	59%	61%
Physician	26%	24%	42%	37%
Nurse practitioner/Physician assistant	15%	14%	29%	28%
Corpsman	38%	35%	24%	25%
Other	34%	29%	37%	32%
No training at all	1%	1%	1%	0%

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Each survey contained four questions asking where or from whom respondents had received training. The first training of interest was about STDs. The last option above was not included on the survey itself, but consists of those who did not mark any of the six options available. Overall, enlisted personnel are receiving training about STDs, most commonly at their previous command or their current command. Women are more likely than men to receive training from physicians or nurse practitioners/physician assistants, and less likely to have received training at their previous command or from a corpsman.

Sources of Training on STDs: Officers

NPRST

	Men		Women	
	2001	2003	2001	2003
Previous Command	76%	73%	64%	59%
Current Command	45%	43%	41%	39%
Physician	33%	35%	37%	38%
Nurse practitioner/Physician assistant	12%	12%	30%	26%
Corpsman	30%	27%	12%	11%
Other	31%	30%	37%	35%
No training at all	3%	3%	3%	3%

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The percentages for officers are comparable or lower than those of enlisted personnel. The largest difference in percentages between enlisted and officers is for those indicating they have had training at their current command, with fewer officers than enlisted indicating this. The percentages for either command training are generally lower for women officers than for men officers; as with enlisted, women are more likely than men to receive training from a nurse practitioner/physician assistant and less likely to receive it from a corpsman.

Sources of Training on Birth Control: Enlisted

NPRST

	Men		Women	
	2001	2003	2001	2003
Previous Command	55%	58%	51%	48%
Current Command	47%	42%	45%	43%
Physician	21%	20%	51%	51%
Nurse practitioner/Physician assistant	13%	12%	37%	35%
Corpsman	31%	26%	21%	22%
Other	42%	37%	35%	31%
No training	5%	4%	2%	2%

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Respondents were also asked where they had received training on birth control. Similar to the STD training, men are more likely to receive training at a command while women are more likely to receive training from a physician or nurse practitioner/physician assistant.

Sources of Training on Birth Control: Officers

NPRST

	Men		Women	
	2001	2003	2001	2003
Previous Command	47%	46%	35%	31%
Current Command	24%	23%	21%	20%
Physician	25%	29%	53%	57%
Nurse practitioner/Physician assistant	9%	12%	40%	33%
Corpsman	18%	17%	7%	6%
Other	37%	42%	36%	32%
No training	15%	10%	7%	6%

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Training for officers shows the same basic pattern of responses as for enlisted. Fewer officers than enlisted indicated they received training at their previous command.

Sources of Training on Pregnancy Policy: *NPRST* Enlisted

	Men		Women	
	2001	2003	2001	2003
Previous Command	44%	42%	49%	46%
Current Command	38%	33%	45%	44%
Physician	6%	4%	11%	11%
Nurse practitioner/Physician assistant	4%	3%	9%	9%
Corpsman	12%	10%	8%	8%
Other	26%	28%	21%	26%
No training	21%	20%	14%	11%

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Not surprisingly, commands rather than health care professionals conduct most training on the Navy's pregnancy policy. The percentages of men and women enlisted choosing each of the answer options are about the same, with the exception of the current command (33% for men and 44% for women). About 1 in 5 men do not receive any training about the policy.

Sources of Training on Pregnancy Policy: *NPRST* Officers

	Men		Women	
	2001	2003	2001	2003
Previous Command	47%	44%	53%	46%
Current Command	25%	25%	31%	30%
Physician	5%	5%	10%	9%
Nurse practitioner/Physician assistant	2%	3%	6%	6%
Corpsman	5%	5%	4%	3%
Other	22%	24%	23%	28%
No training	29%	26%	21%	18%

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As was true for enlisted, officers receive most of their training on the pregnancy policy through their previous or current command. About 1 in 4 male officers have never received training on the pregnancy policy. Considering that most of the Navy is male and therefore most of the supervisors are male, the findings for males may be of concern.

Sources of Training on FCC Policy: Enlisted

NPRST

	Men		Women	
	2001	2003	2001	2003
Previous Command	-	37%	35%	36%
Current Command	-	38%	41%	46%
Physician	-	4%	4%	4%
Nurse practitioner/Physician assistant	-	4%	3%	3%
Corpsman	-	7%	4%	4%
Other	-	28%	20%	25%
No training	-	20%	25%	16%

Note: Percentages for Men in 2001 not available.

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The last training of interest was the FCC policy. Again, most enlisted receive policy training through their command.

Sources of Training on FCC Policy: Officers

NPRST

	Men		Women	
	2001	2003	2001	2003
Previous Command	-	35%	29%	33%
Current Command	-	23%	20%	22%
Physician	-	3%	2%	2%
Nurse practitioner/Physician assistant	-	2%	2%	1%
Corpsman	-	4%	1%	1%
Other	-	24%	20%	24%
No training	-	34%	47%	36%

Note: Percentages for Men in 2001 not available.

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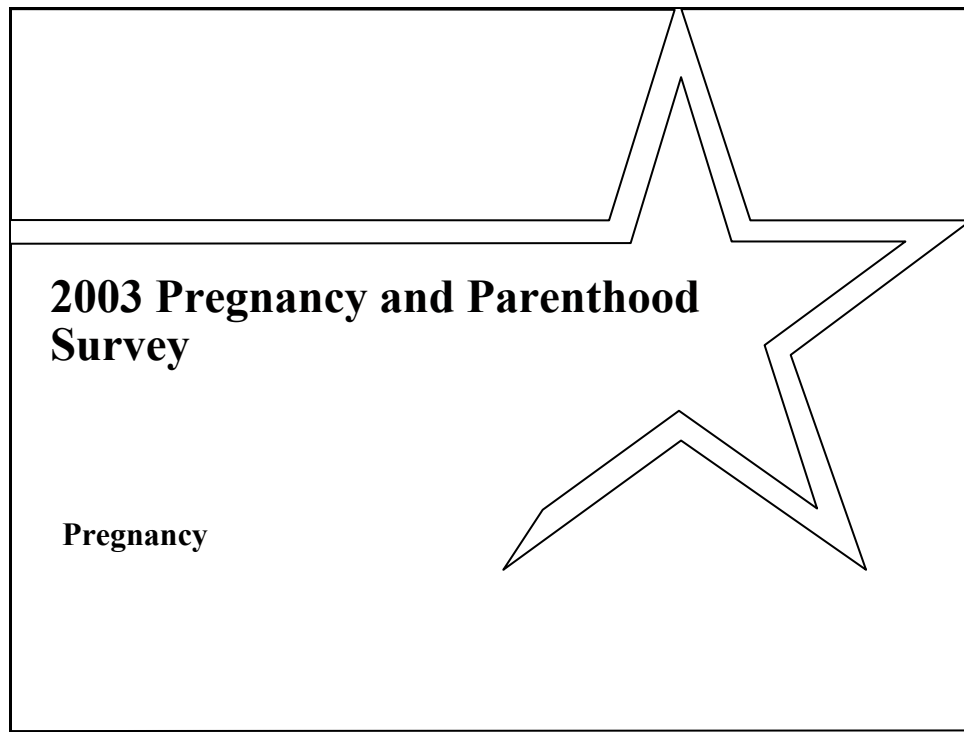
One-third of officers indicate they have not received any training on the FCC policy. While few officers are required to complete the form, the policy does require action by command leadership, so this finding may be of concern.

Education and Training Highlights



- Few have seen either Navy training video about pregnancy/parenthood.
- Most indicate they have had training about STDs and birth control.
- Over 20 percent of the men are not getting any pregnancy policy or FCC policy training.

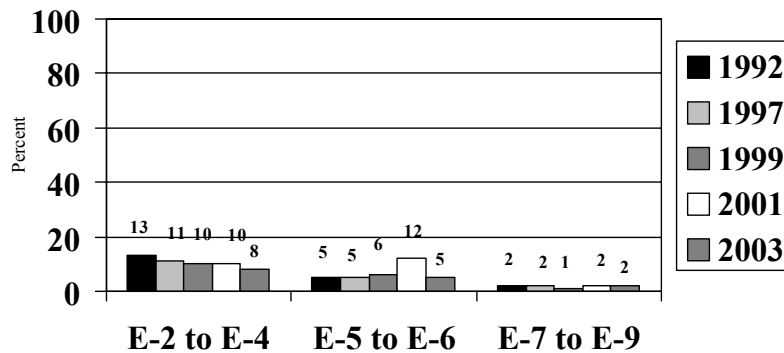
The results of the Education and Training section indicate that most had received training about STDs and birth control, but few had seen either of the videos. Over 20 percent of men indicated they are not getting any pregnancy policy or FCC policy training. For analyses of the comments regarding education and training, see Appendix C.



The female version of the survey contained a section asking about pregnancy at three different times. Analyses were done to determine the pregnancy rate at the time of survey administration and in the previous fiscal year, and more detailed analyses were done for those who had been pregnant at any time since entering the Navy.

Point-in-Time Enlisted Pregnancy Rates

NPRST



Note: Includes those who indicated "Yes" for the question "Are you pregnant now?"

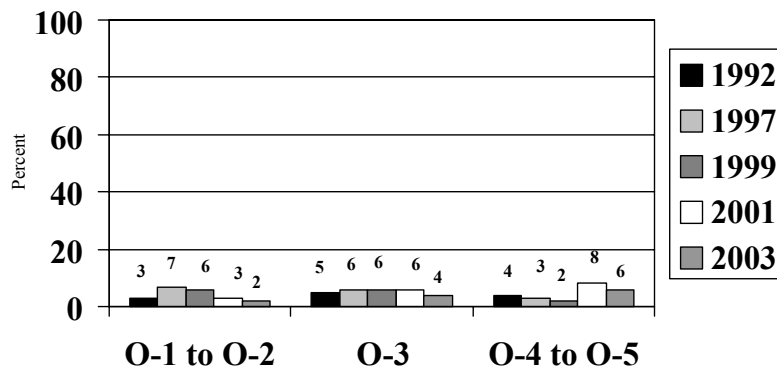
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One way to measure pregnancy is by asking the question "Are you pregnant now?" This shows a "snapshot" of the prevalence of pregnancy in the Navy at the time of survey administration, which includes pregnancies, which may not result in a live birth. The overall point-in-time pregnancy rate for enlisted women is 6.9 percent, similar to the point-in-time rate of 7.6 percent in 1999 and less than the 10.2 percent rate in 2001.

Point-in-Time Officer Pregnancy Rates

NPRST



Note: Includes those who indicated "Yes" for the question "Are you pregnant now?"

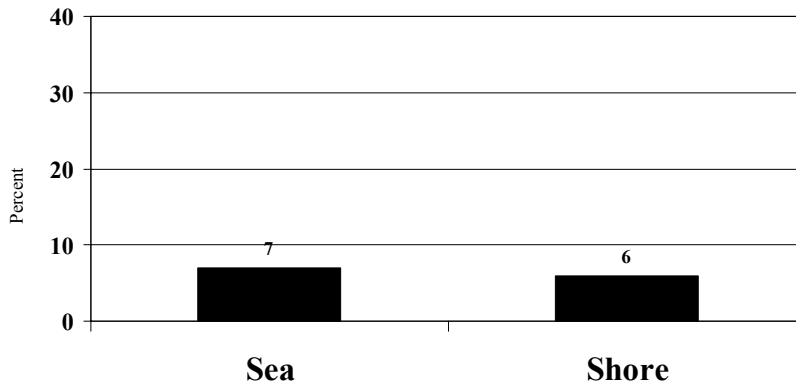
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For officer women, the trend is very similar to the enlisted women. The overall point-in-time rate for officers this year was 4.7 percent, similar to the 4.6 percent of 1999 and down from the 5.3 percent of 2001.

The overall point-in-time pregnancy rate for the Navy was 6.1 percent.

Point-in-Time Enlisted Pregnancy Rates by Type of Duty



Note: Includes those who indicated "Yes" for the question "Are you pregnant now?"

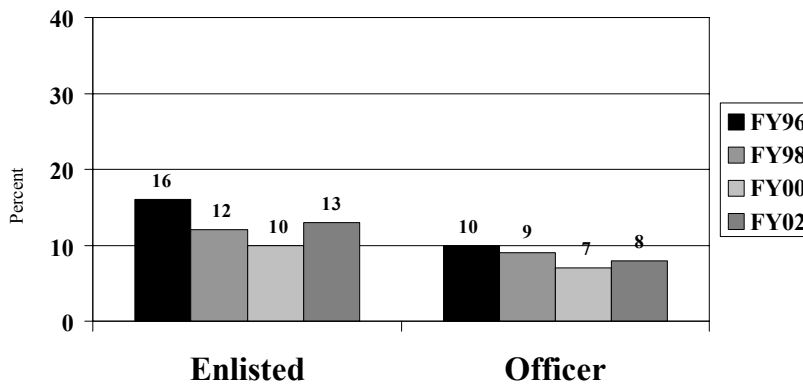
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Using current duty-status statistics, point-in-time pregnancy rates for enlisted women were calculated by type of duty. There is almost no difference between rates at sea and rates on shore.

Annualized Pregnancy Rates

NPRST



Note: FY00 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 01 and 30 Sept 02?"

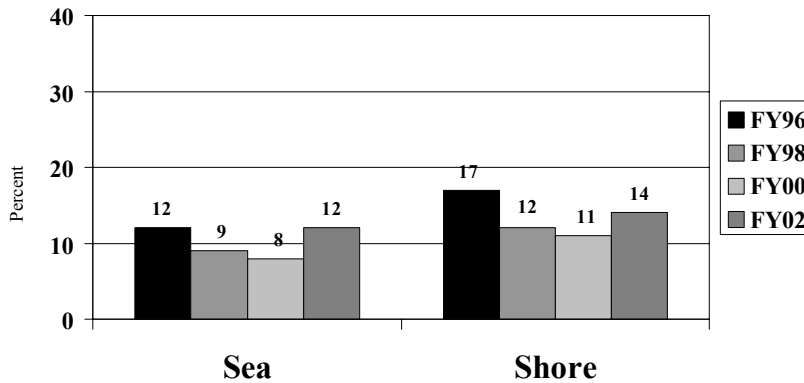
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Another way to measure pregnancy is with an annualized rate; this method is often used for civilian pregnancy rates. While early administrations estimated this information based upon the point-in-time rates, the annualized rate is now based on the question, "Did you become pregnant between 1 October 2001 and 30 September 2002?" There was a slight increase for both enlisted and officer women, resulting in an overall Navy rate of 11.6 percent.

Annualized Enlisted Pregnancy Rates by Type of Duty

NPRST



Note: FY00 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 01 and 30 Sept 02?"

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Navy policy requires transferring a woman from ship if there is no obstetric care within 6 hours or when she reaches her 20th week of pregnancy. The annualized rates for enlisted are broken out by type of duty, showing that a slightly higher percentage become pregnant while on shore duty than on sea duty, a finding similar to past surveys. Because of the low number of officer pregnancies, results are not included.

General Pregnancy Questions: Enlisted Respondents

NPRST

		% "Yes"			
	1997	1999	2001	2003	
Was this pregnancy planned?	35%	40%	36%	35%	
Were you using birth control?	21%	27%	30%	32%	
Was the father in the military?	72%	71%	73%	75%	
Was legal advice offered?	10%	19%	8%	14%	
Moved due to pregnancy	33%	37%	31%	35%	
Orders to ship or deployable squadron	17%	9%	8%	11%	

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
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The third method of asking pregnancy-related survey questions is to ask about the most recent pregnancy while in the Navy. All results that follow use this technique. About one-third of enlisted women do not plan their pregnancy, perhaps related to the finding that about one-third were not using birth control when they became pregnant. Most of the fathers of their babies were in the military. About one-third of enlisted women were moved because of their pregnancy.

The findings for 2003 are very similar to those from previous years. The largest change since 1997 was in the percentage using birth control, in 2003, a higher percentage of women (32%) who became pregnant were using birth control than was found in 1997 (21%), perhaps indicating that more women were using birth control improperly in 2003 than in 1997.

General Pregnancy Questions: Officer Respondents

NPRST

	% "Yes"			
	1997	1999	2001	2003
Was this pregnancy planned?	77%	79%	72%	71%
Were you using birth control?	8%	9%	12%	15%
Was the father in the military?	51%	39%	51%	48%
Was legal advice offered?	0%	8%	1%	2%
Moved due to pregnancy	7%	15%	5%	7%
Orders to ship or deployable squadron	4%	1%	3%	4%

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
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Responses of officer women to these general questions are very different from those of enlisted women. Most officers plan their pregnancy, as perhaps demonstrated by the low number of those using birth control. Only about half of the women had partners who were in the military. Few are moved and few have orders to a ship or squadron, perhaps another sign that the pregnancy was planned.

The findings across years are very similar.

<div> <div>Sea Duty Unit Status when Became Pregnant</div> <div>NPRST</div> </div>				
	Enlisted		Officer	
	2001	2003	2001	2003
Not in a sea duty unit	66%	62%	92%	86%
Within 6 months of going on deployment	7%	7%	2%	2%
Deployed	3%	5%	0%	1%
Within 6 months after deploying	6%	6%	2%	4%
Major overhaul	4%	4%	0%	2%
Other	15%	16%	4%	6%
Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Navy Personnel Research, Studies, & Technology				

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For those who have ever been pregnant while in the Navy, the most recent pregnancy generally did not occur when they were in a sea duty status. There have been slight increases from 2001 for both enlisted and officers in those who say they were “Deployed” or “Other” when they became pregnant. For officers, there was also a slight increase in the percentage indicating they were within 6 months after deploying or in a major overhaul period when they became pregnant.

Transfers/Moves as a Result of Pregnancy

NPRST

	Enlisted		Officer	
	2001	2003	2001	2003
Not scheduled to deploy	6%	10%	6%	13%
Continued to work in same place	63%	55%	88%	80%
Transferred sea to shore duty	19%	22%	1%	5%
Transferred overseas to CONUS	2%	2%	0%	0%
Transferred squadron to air station	1%	1%	0%	0%
Transferred from work center to other work center	5%	5%	1%	1%
Transferred other	5%	6%	2%	1%

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
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Most officers and over half of enlisted continue to work in the same place during their pregnancy. About 90 percent of officers and 65 percent of enlisted are not transferred due to pregnancy. The largest percentage of transfers for enlisted women are those transferred from sea duty to shore duty, although this finding is similar to the finding of the previous survey administration.

Transfers/Moves Prior to 20th Week

NPRST

	Enlisted		Officer	
	2001	2003	2001	2003
Not moved prior to 20th week	42%	38%	77%	55%
Medical reasons	5%	5%	8%	5%
Ship had heavy underway schedule/deployment	21%	16%	0%	10%
Ship's policy to transfer before 20th week	10%	16%	8%	15%
Don't know	10%	8%	0%	5%
Other	12%	16%	8%	10%

Note: Results for female officers should be viewed with caution due to low numbers.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

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For those women who were transferred from sea duty to shore duty, a follow-up question was asked about when they were moved. The Navy's policy (OPNAVINST 6000.1B, CNO, 2003) indicates women will generally stay aboard ship until the end of the 20th week. As shown here, most officer women stay until the 20th week, however results for officer women should be viewed with caution due to the low number who were on sea duty when they became pregnant. The most common reasons for enlisted women to be moved early were because the ship was deploying or had a heavy underway schedule, it was the ship's policy to transfer women early, or for some other reason not listed. These groups account for almost half of those enlisted women who were assigned to sea duty and were required to move.

Type of Work Done after Pregnancy Transfers/Moves

NPRST

	Enlisted		Officer	
	2001	2003	2001	2003
Same as before, different location	33%	31%	50%	33%
Admin/clerical outside of rating/designator	43%	46%	31%	33%
Duty office/phone watch	6%	7%	0%	5%
Other	19%	16%	19%	29%

Note: Results for female officers should be viewed with caution due to low numbers.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

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Women who had ever experienced a pregnancy in the Navy were asked what type of work they did after a pregnancy-related transfer/move. The 2003 results are similar to the 2001 results for enlisted, but different for officers. Fewer officers are doing the same job as before but in a different location, while more are doing some other type of work or in the duty office/phone watch.

Transfers/Moves after Having the Baby

NPRST

	Enlisted		Officer	
	2001	2003	2001	2003
Does not apply; not transferred	64%	59%	88%	82%
Transferred, but returned to my unit	4%	4%	1%	2%
Sent TAD, but returned to my unit	2%	3%	1%	2%
Stayed with the unit I was transferred to	16%	17%	3%	6%
Went to a different shore duty command	6%	9%	6%	6%
Went to a different ship or deployable unit	9%	9%	1%	2%

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
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The majority of women who were ever pregnant in the Navy did not move from their pre-pregnancy site. As in 2001, if an enlisted woman moved, she was most likely to stay with the unit she transferred to after she gave birth.

Opinions of Assignments after Pregnancy Transfers/Moves

NPRST

	Enlisted		Officer	
	2001	2003	2001	2003
New assignment not as career enhancing as previous assignment	34%	27%	19%	31%
New assignment equally career enhancing as previous assignment	40%	44%	60%	56%
New assignment more career enhancing than previous assignment	26%	29%	22%	13%

Note: Results for female officers should be viewed with caution due to low numbers.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

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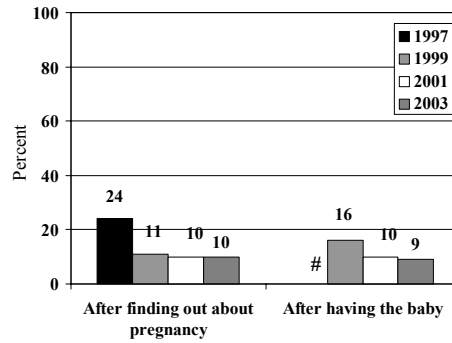
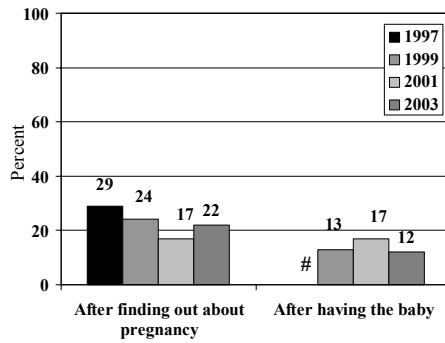
One concern regarding pregnancy is the impact of pregnancy on the career of the woman. One survey question asked those who had ever been pregnant in the Navy what type of assignment they did after they were transferred due to pregnancy. Compared to 2001, enlisted were more likely to think their job was equally or more career enhancing than their previous assignment. Most officers felt their new assignment was equally career enhancing as their previous assignment, but there has been a 12 percentage point increase in those who indicate their new assignment is not as career enhancing as their previous assignment.

Negative Attitudes of Co-workers toward Pregnant Women

NPRST

Enlisted

Officer



Note: Negative attitudes when finding out about pregnancy include being avoided/ignored and being treated with less respect. After having the baby, negative attitudes reflect being treated with less respect. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
1997 data not available.

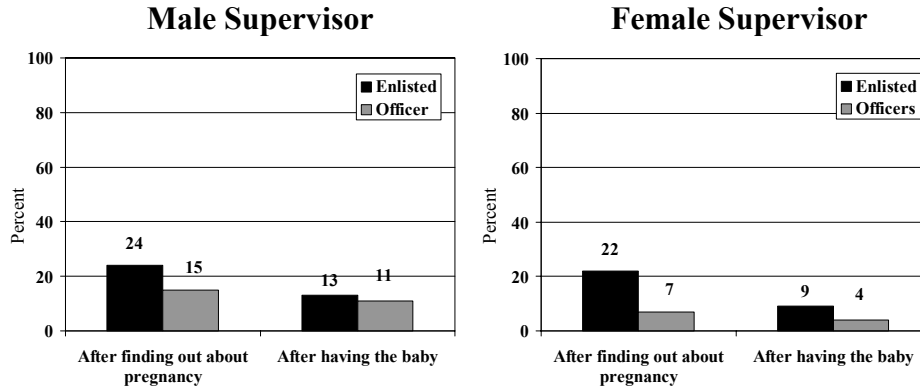
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Negative attitudes (being avoided/ignored or treated with less respect) from co-workers seem to be more prevalent for enlisted when the co-workers find out about the pregnancy than after the woman has the baby. For officers, the negative attitudes before and after having the baby are about the same.

Negative Attitudes of Supervisors by Gender

NPRST



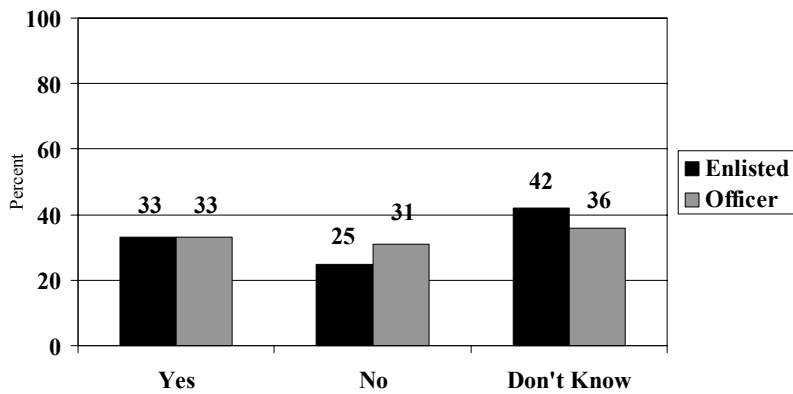
Note: Negative attitudes when finding out about pregnancy include being avoided/ignored and being treated with less respect. After having the baby, negative attitudes reflect being treated with less respect. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

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Negative attitudes of supervisors—regardless of the gender of the supervisor—are more common (especially for enlisted) when finding out about the pregnancy than after having the baby. Officers experience fewer negative attitudes than enlisted both before and after birth.

Completion of NAVMED Forms



Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

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If a pregnant servicewoman works in an area where she could be exposed to reproductive hazards, she is entitled to counseling by an occupational health care provider. As part of that counseling, two forms are available for completion, NAVMED 6260/8 and 6260/9. About one-third of women indicated they had completed the forms.

Reduced Work Hours During Pregnancy

NPRST

	Enlisted		Officer	
	2001	2003	2001	2003
During 1st 3 months	3%	3%	1%	1%
During 2nd 3 months	8%	6%	4%	5%
During 7-8 months	28%	25%	18%	12%
During last month	32%	23%	37%	25%

Note: Multiple responses allowed.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

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Women were asked if their work hours were reduced during their most recent pregnancy. About one-fourth of enlisted women had reduced hours during the last 3 months of their pregnancy. For officer women, about one-fourth had reduced hours only during their last month of pregnancy.

Where was the Baby Delivered

NPRST

	Enlisted		Officer	
	2001	2003	2001	2003
Did not deliver	25%	23%	14%	19%
At a military hospital	60%	62%	63%	63%
At a civilian hospital	14%	15%	23%	18%
Other	2%	1%	1%	1%

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

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Most women deliver their babies at a military hospital.

Breast-Feeding Issues

NPRST

	Enlisted		Officer	
	2001	2003	2001	2003
<u>Given Time to Breast-Feed/Pump</u>				
Not breast feeding when returned	60%	55%	27%	26%
Yes, during breaks or meals	12%	14%	28%	25%
Yes, when I need to	17%	20%	29%	37%
No	12%	12%	17%	12%
<u>Given Adequate Location to Breast-Feed/Pump</u>				
Yes	32%	52%	51%	64%
No	38%	48%	40%	36%
Don't know	29%	--	9%	--

Note: "Don't know" not an option for the location question in 2003.

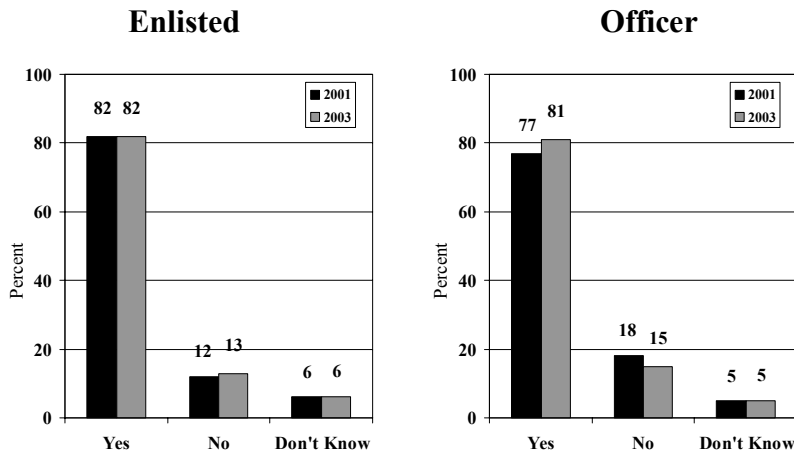
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
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For those who delivered a baby, two additional questions about breastfeeding were asked. Just over half of enlisted women are not breastfeeding when they return to work, while only about one-fourth of officer women are not breastfeeding. Of those who were breastfeeding, about half indicated they were given an adequate location to breastfeed or pump.

Interest in Pregnancy Fitness Class

NPRST



Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

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All women who had ever been pregnant while in the Navy were asked if they would have been interested in attending a pregnancy fitness class. Over 80 percent indicated that they would be interested.

Pregnancy Highlights



- Point-in-time pregnancy rates are similar to previous years.
- Annual rates of pregnancy are similar to FY98; slightly higher than FY00.
- For those who have ever been pregnant in the Navy, about one-third of enlisted pregnancies are unplanned and about one-third of enlisted responders indicate they were using birth control when they became pregnant, similar to 2001.
- Most women who have ever been pregnant in the Navy are not in a sea duty unit and most are not required to move because of their pregnancy.
- Women who have ever been pregnant in the Navy are more likely to receive negative treatment after their pregnancies are announced than after giving birth.
 - Treatment by male and female supervisors is very similar.
- Over half of enlisted women and 26% of officers who have ever been pregnant while in the Navy are not breast-feeding/pumping when they return to work.

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The highlights of the pregnancy section are:

- Point-in-time pregnancy rates are similar to previous years.
- Annual rates of pregnancy are similar to the FY98 rates but slightly higher than FY00.
- Of those ever pregnant while in the Navy, about one-third of enlisted women have unplanned pregnancies, and about one-third indicate they were using birth control when they became pregnant; the percentage of unplanned pregnancies for officer women is smaller.
- Most women are not in a sea duty unit and so do not have to move because of their pregnancy.
- Women are more likely to receive negative treatment after announcing pregnancy than after giving birth, from both co-workers and supervisors.
- For those ever pregnant while in the Navy, over half of enlisted women and one-fourth of officer women are not breast-feeding/pumping when they return to work.

Overall Summary



- **Annualized pregnancy rates increased slightly from FY00 to levels comparable to prior years.**
- **Rates of single parenthood have increased slightly for women.**
- **Single parents are more likely to leave their children with grandparents than in previous years.**
- **FCC compliance should be 100%; survey's reported compliance appears alarmingly low, especially for men.**
- **Knowledge of emergency contraception is increasing.**
- **Most have had training about birth control, STDs, FCC, and pregnancy policies, but very few have seen the pregnancy/parenthood videos.**

Key findings of the entire survey are:

- Annualized pregnancy rates have increased slightly from FY00 to levels of previous years.
- Rates of single parenthood have increased slightly for women. Single parents are more likely than previous years to leave their children with grandparents when they deploy.
- Knowledge of emergency contraception is increasing.
- Most have had training but have not seen either of the pregnancy/parenthood videos.

Recommendations



- **Provide feedback to survey respondents, BUMED, NETC, and the Fleet. (*N13 approved; NPRST/N134 action.*)**
- **Develop Family Care Program training plan (*per N13, N134 action.*)**
- **Increase periodicity of ISIC Family Care Program compliance assessment (*per N13, N134 action.*)**
- **Improve GMT to increase awareness (e.g., birth control, unplanned pregnancies) (*per N13, N134 action with BUMED.*)**
- **Increase awareness of web-based pregnancy toolkit and Women's Policy website address (*N13 approved; N134 action.*)**

A primary recommendation for any survey is to publicize the results. In addition to survey respondents and the Fleet in general, Bureau of Medicine (BUMED) and Navy Education and Training Command (NETC) may be interested in portions of the findings. There are many myths and inaccurate beliefs about pregnancy and parenthood, and publicizing the survey findings may be a way to combat them.

Training and follow-through for FCC compliance, especially for males, should be evaluated. With the Fleet Response Plan, deployments could be more frequent and more spontaneous, further emphasizing the importance of having a documented plan. Furthermore, the Global War on Terror has focused attention on the impact of long-term deployments on military families. To avoid unfavorable publicity that may result from heightened media, DOD, or Congressional scrutiny, it would be advisable for Navy to proactively create a training program for the Family Care Program and increase its rate of FCC compliance.

At the time of the survey, the pregnancy toolkit was posted to the web; since then, the site has migrated and the toolkit has not yet been reposted. This toolkit contains both educational videos as well as additional information. This website, with the toolkit included, should be publicized throughout the Fleet in order to maximize its usage.

Follow-on Actions - N13, 23 Jan 04



- **Review Survey ROI and explore alternatives (N134).**
- **Develop PAO/communications plan to publicize results of survey (N134).**
 - **Improve briefings at senior leadership classes to address “sensitive” issues, such as responsible parenting and pregnancy (N134).**
 - **Draft CNP message on Family Care Program concerns for Fleet Commanders (N134). ✓**
 - **Write Executive Summary of Survey for posting/advertising (NPRST). ✓**
- **Review PCS costs associated with pregnancy (PERS-4).**

Two in-person briefs were given that generated follow-on actions. From the first in-person brief, to N-13, action items related to the survey, publicity, and PCS cost for pregnancy.

Follow-on Actions - CNPC, 13 Feb 04



- **Brief NETC and PERS-6 (N134/NPRST).**
- **Include in communications plan something to dispel rumors about pregnancy to get out of sea duty, including discussion of other types of unplanned losses (N134).**
- **Review pregnancy transfers/moves with detailers/ECMs to attempt to determine why more pregnant officers are seeing new assignments as less career enhancing (N134).**
- **Be sure discussion of FCC is gender-neutral. Dig through FFSC and PSD data to find out what compliance rate is (N134). ✓**
- **Give communications plan to CNPC for review (N134). ✓**

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The second in-person brief, to CNPC, generated action items relating to additional briefings and communication methods with relevant parties.

Following the CNPC brief, results were briefed to PERS-6 and then submitted electronically to CNP. CNP requested CNPC and N-13 create a plan for lowering pregnancy rates while increasing FCC compliance and returning Sailors to the Navy mission. Following CNP tasking, the Assistant Secretary of the Navy (Military Personnel Policy) was briefed.

The results of this briefing were published in *Navy Medicine* (MacDonald & Bohnker, 2004) as well as in a Letter to the Editor in *Navy Medicine* (Uriell, 2005). GMT was updated to include findings from the study; GMT is now available on Navy Knowledge Online (NKO; <http://www.nko.navy.mil>).

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Appendix A:
2003 Pregnancy and Parenthood Survey
Female Version



Chief of Naval Personnel
Washington, DC

2003 Pregnancy and Parenthood Survey

Female Version



**Navy Personnel Research, Studies, and Technology
Institute for Organizational Assessment
Millington, TN 38055-1400**



2003 Pregnancy and Parenthood Survey

Female Version

PRIVACY ACT STATEMENT

Authority to request this information is granted under Title 5, U.S. Code 301, and Department of the Navy Regulations. License to administer this survey is granted under OPNAV Report Control Symbol 6300-1, which expires on 30 September 2006.

PURPOSE: The purpose of this questionnaire is to collect data to evaluate existing and proposed Navy personnel policies, procedures, and programs.

ROUTINE USES: The information provided in this questionnaire will be analyzed by the Navy Personnel Research, Studies, and Technology Department. The data files will be maintained by the Navy Personnel Research, Studies, and Technology Department where they may be used for determining changing trends in the Navy.

ANONYMITY: All responses will be held in confidence by the Navy Personnel Research, Studies, and Technology Department. Information you provide will be considered only when statistically summarized with the responses of others, and will not be attributable to any single individual.

PARTICIPATION: Completion of this questionnaire is entirely voluntary. Failure to respond to any of the questions will NOT result in any penalties except possible lack of representation of your views in the final results and outcomes.

If you have any questions about this survey, please contact Zannette Uriell at (901) 874-4641, DSN 882-4641, zannette.uriell@navy.mil. For questions regarding Human Subjects issues contact NPRST Protection of Human Subjects committee at (901) 874-4994, or (DSN) 882-4994.

MARKING INSTRUCTIONS

- USE NO. 2 PENCIL ONLY.
- Do NOT use ink, ballpoint or felt tip pens.
- Erase cleanly and completely any changes you make.
- Make black marks that fill the circle.

CORRECT: ●

INCORRECT: ✓✗●○

- When applicable, write the numbers in the boxes at the top of the block.
- Do not make stray marks on the form.
- Do not fold, tear, or mutilate this form.

USE A No. 2 PENCIL

DEMOGRAPHICS

1. What is your age?

Years	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2. What is your race/ethnicity? (Mark all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian)
- ☐ White

3. What is your current marital status?

- ☐ Single, never married
- ☐ Divorced, separated, or widowed
- ☐ Married to Navy servicemember
- ☐ Married to member of another military service or Coast Guard
- ☐ Married to civilian

4. To what type of command are you currently assigned?

- ☐ Ship
- ☐ Other deployable squadron
- ☐ Other deployable unit
- ☐ Non-deployable squadron
- ☐ Shore activity or command, but not as a student
- ☐ Navy funded school as a student

5. What are your current Navy career plans?

- ☐ Probably will leave at the end of this enlistment/obligation
- ☐ Probably will sign on again, but not stay until eligible to retire
- ☐ Probably will stay until eligible to retire
- ☐ Eligible to retire now, but will remain on active duty
- ☐ Undecided

6. What is your paygrade/rank?

- | | | |
|---------------------------|---------------------------|-------------------------------------|
| <input type="radio"/> E-1 | <input type="radio"/> W-2 | <input type="radio"/> O-1 |
| <input type="radio"/> E-2 | <input type="radio"/> W-3 | <input type="radio"/> O-2 |
| <input type="radio"/> E-3 | <input type="radio"/> W-4 | <input type="radio"/> O-3 |
| <input type="radio"/> E-4 | <input type="radio"/> W-5 | <input type="radio"/> O-4 |
| <input type="radio"/> E-5 | | <input type="radio"/> O-5 |
| <input type="radio"/> E-6 | | <input type="radio"/> O-6 and above |
| <input type="radio"/> E-7 | | |
| <input type="radio"/> E-8 | | |
| <input type="radio"/> E-9 | | |

7. What is your officer designator?

- ☐ Does not apply. I am enlisted.

Designator			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Designator			
1	1	0	0
0	0	●	●
●	●	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

EXAMPLE

8. If you are rated or a designated striker, what is your general rating?

- ☐ Does not apply, I am an officer.
☐ Does not apply. I am a GenDet/not rated/not a designated striker.

→ I am: ☐ SN
☐ AN
☐ FN
☐ CN

Rating		
A	A	A
B	B	B
C	C	C
D	D	D
E	E	E
F	F	F
G	G	G
H	H	H
I	I	I
J	J	J
K	K	K
L	L	L
M	M	M
N	N	N
O	O	O
P	P	P
Q	Q	Q
R	R	R
S	S	S
T	T	T
U	U	U
V	V	V
W	W	W
X	X	X
Y	Y	Y
Z	Z	Z

Rating		
I	C	
A	A	A
B	B	B
C		
D		
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Z		

EXAMPLE

PARENTHOOD

9. Have you ever been a parent while in the Navy?

- ☐ Yes
☐ No → (Skip to question 18)

10. When you entered the Navy, were you:

- ☐ Married, with child(ren)
☐ Married without child(ren)
☐ Single, no child(ren)
☐ Single parent with custody of child(ren)
☐ Single parent without custody of child(ren)

→ 11. Did you get custody back within 6 months of entering the Navy?

- ☐ Yes
☐ No

12. What are the ages of your children (natural, adopted, or stepchildren) under the age of 21 who live in your household? (Include children who would normally live with you but who are not with you now because you are deployed or on an unaccompanied tour.) (Mark all that apply.)

- ☐ I have no child(ren) under age 21 living in my household
☐ Birth through 2 years
☐ 3 through 5 years
☐ 6 through 12 years
☐ 13 through 15 years
☐ 16 through 18 years
☐ 19 through 20 years

13. Who usually cares for your child(ren) when you are deployed or on an unaccompanied tour?

- ☐ I have no child(ren) under the age of 21 → (Skip to question 18)
☐ I have never been deployed or on an unaccompanied tour → (Skip to question 18)
☐ Their other parent (natural or step-parent) cares for them
☐ A grandparent or other relative cares for them
☐ Someone who is not a relative cares for them

14. When you are deployed or on an unaccompanied tour, does your child(ren) have to temporarily move into a home other than their own?

- ☐ Yes
☐ No

15. Are you currently a single parent of a child(ren) under the age of 21?

- ☐ No → (Skip to question 18)
- ☐ Yes, with sole custody of my child(ren)
- ☐ Yes, with joint custody and my child(ren) usually live with me more than half the time
- ☐ Yes, with joint custody and my child(ren) usually live with their other parent or custodian more than half the time
- ☐ Yes, but I don't have custody or joint custody of my child(ren)

15a. Do you financially support or contribute to the financial support of your child(ren)?

- ☐ Yes
- ☐ No

16. How did you become a single parent?

- ☐ Divorce
- ☐ Unmarried when child was born
- ☐ Adoption
- ☐ Death of spouse
- ☐ Other

17. All single parents with custody and military-married-to-military parents whose children are 18 or younger must complete the Family Care Certificate. On this form, parents state who will be responsible for their child(ren) if the parent is recalled to duty, sent TAD, or assigned an unaccompanied tour. Since arriving at your current command, have you completed a Family Care Certificate?

- ☐ No, because I am not a single or military-married-to-military parent
- ☐ No, because I have not been here 60 days yet
- ☐ No, I have not been told to complete the form
- ☐ No, but I have been told to complete the form
- ☐ Yes, I have completed it

18. Have you seen the video, "Planning For Tomorrow-Parenting and Pregnancy"? (SELECT ONLY ONE.)

- ☐ No
- ☐ I think so, but I'm not sure
- ☐ Yes, at recruit training
- ☐ Yes, at this command
- ☐ Yes, at some other command

19. Have you seen the video, "Give Yourself a Chance"? (SELECT ONLY ONE.)

- ☐ No
- ☐ I think so, but I'm not sure
- ☐ Yes, at recruit training
- ☐ Yes, at this command
- ☐ Yes, at some other command

FAMILY PLANNING ATTITUDES

20. When in her Navy career is the best time for a woman to become pregnant?

- ☐ Never; being in the Navy and motherhood are not compatible
- ☐ Whenever the woman wants a child
- ☐ After her first tour
- ☐ During shore duty, but not after getting orders to sea duty
- ☐ While on sea duty
- ☐ After receiving orders to shore duty, if the ship/squadron is not deploying

21. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	NOT AT ALL TRUE OF ME	SLIGHTLY TRUE OF ME	SOMEWHAT TRUE OF ME	MOSTLY TRUE OF ME	COMPLETELY TRUE OF ME	NOT APPLICABLE
a. I think it is important to use birth control until getting married, and then it doesn't matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have had sexual intercourse without using birth control (or my partner using it) even though I did not want to get pregnant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I make it my responsibility to discuss birth control with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I think it is important for men to get involved with birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My most recent partner encouraged use of birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Birth control is the responsibility of the woman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BIRTH CONTROL PRACTICES

22. Do you or your partner usually use a form of birth control (including tubal ligation or vasectomy)? (If you have more than one partner, answer with your usual or most recent partner in mind.)

- ☐ Yes → (Skip to question 24)
☐ No

23. Why don't you use birth control?

- ☐ I do not have sex (abstinent) or have not had sex in 6 months → (Skip to question 26)
☐ I (or my partner) am not fertile → (Skip to question 26)
☐ My (or my partner's) religion or personal beliefs do not permit the use of birth control → (Skip to question 26)
☐ I (or my partner) do not want to use birth control → (Skip to question 26)
☐ I am not comfortable discussing birth control → (Skip to question 26)
☐ I am not comfortable getting birth control → (Skip to question 26)
☐ I am pregnant or I am trying to get pregnant
☐ Other

24. What method of birth control do you or your partner usually use?

- ☐ Tubal ligation or vasectomy → (Skip to question 26)
☐ Birth control pill
☐ Birth control patch
☐ Condom (rubber) only
☐ Condom with another method
☐ Depo-Provera®
☐ Rhythm method
☐ Withdrawal
☐ Diaphragm
☐ IUD (intrauterine device)
☐ Spermicidal foam or jelly
☐ Other

25. On the last occasion that you had unprotected sex (without birth control), had you or your partner been drinking alcohol?

- ☐ I never have unprotected sex except when I want to conceive a child
☐ Neither of us was drinking
☐ Both of us were drinking
☐ I was drinking
☐ He was drinking

26. How much do you AGREE or DISAGREE with the following statements?

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
a. I would feel comfortable discussing birth control with a military physician.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would feel comfortable getting birth control from a military physician.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would feel comfortable discussing birth control with a military nurse practitioner/physician assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I would feel comfortable getting birth control from a military nurse practitioner/physician assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I would feel comfortable discussing birth control with a corpsman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I would feel comfortable getting birth control from a corpsman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I would feel comfortable discussing birth control with the medical personnel aboard ship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I would feel comfortable getting birth control from the medical personnel aboard ship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I would feel more comfortable getting birth control from a civilian health care provider than from a military health care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Indicate whether you believe each of the following statements is true, false, or you don't know.

	TRUE	FALSE	DON'T KNOW
a. When used properly, condoms are just as effective as the pill in preventing pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Women cannot get pregnant during their menstrual period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Birth control medicines (e.g., the pill, Depo-Provera®) lead to cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Almost all women who take the birth control pill gain weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. All methods of birth control are equally effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emergency contraception involves taking a specified dosage of birth control pills within 72 hours of unprotected sex, followed by a second dosage 12 hours later.

28. Regarding emergency contraception, which of the following statements are true for you?

	YES	NO	DON'T KNOW
a. Prior to this survey, I knew what emergency contraception was.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. During my last physical exam, emergency contraception was discussed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Emergency contraception is available where I am currently stationed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. From which of the following sources have you received training in STDs (sexually transmitted diseases), including HIV? (Mark all that apply.)

- ☐ Previous command
☐ Current command
☐ Physician
☐ Nurse practitioner/Physician assistant
☐ Corpsman
☐ Other

30. From which of the following sources have you received training in methods of birth control? (Mark all that apply.)

- ☐ Previous command
☐ Current command
☐ Physician
☐ Nurse practitioner/Physician assistant
☐ Corpsman
☐ Other

31. From which of the following sources have you received training about the Navy pregnancy policy (OPNAVINST 6000.1B)? (Mark all that apply.)

- ☐ Previous command
☐ Current command
☐ Physician
☐ Nurse practitioner/Physician assistant
☐ Corpsman
☐ Other

32. From which of the following sources have you received training about the Navy Family Care Plan (OPNAVINST 1740.4A)? (Mark all that apply.)

- ☐ Previous command
☐ Current command
☐ Physician
☐ Nurse practitioner/Physician assistant
☐ Corpsman
☐ Other

PREGNANCY

33. At any time since entering the Navy have you been pregnant?

- ☐ Yes
☐ No → (Skip to question 71)

34. Did you become pregnant between 1 October 2001 and 30 September 2002? (Do NOT count pregnancies that began before 1 October 2001 even though you were pregnant on that date.)

- ☐ Yes
☐ No

35. Are you pregnant now?

- ☐ No
☐ Yes
☐ I think I may be but have not been tested

The next set of questions asks about your MOST RECENT pregnancy (it could be your current or only pregnancy) since entering the Navy.

36. How old were you when you became pregnant?

Years
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

37. What was your paygrade/rank when you became pregnant?

- | | | |
|---------------------------|---------------------------|-------------------------------------|
| <input type="radio"/> E-1 | <input type="radio"/> W-2 | <input type="radio"/> O-1 |
| <input type="radio"/> E-2 | <input type="radio"/> W-3 | <input type="radio"/> O-2 |
| <input type="radio"/> E-3 | <input type="radio"/> W-4 | <input type="radio"/> O-3 |
| <input type="radio"/> E-4 | <input type="radio"/> W-5 | <input type="radio"/> O-4 |
| <input type="radio"/> E-5 | | <input type="radio"/> O-5 |
| <input type="radio"/> E-6 | | <input type="radio"/> O-6 and above |
| <input type="radio"/> E-7 | | |
| <input type="radio"/> E-8 | | |
| <input type="radio"/> E-9 | | |

38. Was that pregnancy planned?

- ☐ No
☐ Yes

39. What was the outcome of that pregnancy?

- ☐ I am still pregnant
☐ Live birth (delivery of a live child after 36th week of pregnancy)
☐ Premature birth (delivery of a live child in the 20th through 36th week of pregnancy)
☐ Stillbirth
☐ Miscarriage (delivery of a fetus before 20th week of pregnancy)
☐ Ectopic pregnancy (tubal pregnancy)
☐ Abortion

40. Were you using birth control when you became pregnant?

- ☐ Yes
☐ No → (Skip to question 42)

41. What method of birth control were you using?

- ☐ Tubal ligation or vasectomy
☐ Birth control pill
☐ Birth control patch
☐ Condom (rubber) only
☐ Condom with another method
☐ Depo-Provera®
☐ Rhythm method
☐ Withdrawal
☐ Diaphragm
☐ IUD (intrauterine device)
☐ Spermicidal foam or jelly
☐ Other

42. What was your marital status at the time you became pregnant?

- ☐ Married
☐ Single, never married
☐ Divorced, separated, or widowed

43. What was the father's military status?

- ☐ He was not in the military
☐ In the Navy
☐ In one of the other services

→ 43a. If military, what was his paygrade/rank?

- | | | |
|---------------------------|---------------------------|-------------------------------------|
| <input type="radio"/> E-1 | <input type="radio"/> W-2 | <input type="radio"/> O-1 |
| <input type="radio"/> E-2 | <input type="radio"/> W-3 | <input type="radio"/> O-2 |
| <input type="radio"/> E-3 | <input type="radio"/> W-4 | <input type="radio"/> O-3 |
| <input type="radio"/> E-4 | <input type="radio"/> W-5 | <input type="radio"/> O-4 |
| <input type="radio"/> E-5 | | <input type="radio"/> O-5 |
| <input type="radio"/> E-6 | | <input type="radio"/> O-6 and above |
| <input type="radio"/> E-7 | | |
| <input type="radio"/> E-8 | | |
| <input type="radio"/> E-9 | | |

44. How many weeks pregnant were you when:

44a. The medical treatment facility confirmed your pregnancy?

44b. Your command was notified?

Weeks

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Weeks

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

45. If there was more than a two week delay between your finding out and your command being notified, what was the reason for the delay?

- ☐ There was no delay
☐ I was on leave or TAD when I found out
☐ I wanted to think about or get an abortion
☐ I wanted to be sure I was really pregnant
☐ I wanted to discuss what to do about my pregnancy with someone else
☐ I wanted to delay my command finding out
(Please indicate why: _____)
☐ Other (specify: _____)

46. Were you offered information from your chain of command or legal office on how you could get financial support from the father?

- ☐ Yes
☐ No

47. Did your coworkers treat you differently after finding out that you were pregnant? (SELECT ONLY ONE.)

- ☐ No
- ☐ Yes, they showed more concern for my welfare
- ☐ Yes, they were overprotective
- ☐ Yes, they avoided or ignored me
- ☐ Yes, they treated me with less respect

48. What was the gender of your supervisor?

- ☐ Female
- ☐ Male

49. Did your supervisor treat you differently after finding out that you were pregnant? (SELECT ONLY ONE.)

- ☐ No
- ☐ Yes, he/she showed more concern for my welfare
- ☐ Yes, he/she was overprotective
- ☐ Yes, he/she avoided or ignored me
- ☐ Yes, he/she treated me with less respect

50. Did you complete the occupational health questionnaires (NAVMED 6260/8, 6260/9)?

- ☐ No
- ☐ Yes
- ☐ Don't know

51. To what type of command were you assigned when you became pregnant?

- ☐ Ship → (Skip to question 53)
- ☐ Deployable squadron → (Skip to question 53)
- ☐ Other deployable unit → (Skip to question 53)
- ☐ Non-deployable squadron
- ☐ Shore activity or command, but not as a student
- ☐ Navy funded school as a student

52. Did you have orders to a ship or deployable squadron when you became pregnant?

- ☐ Yes
- ☐ No

53. If you were in a sea duty unit, in what cycle was the unit when you became pregnant?

- ☐ I was not in a sea duty unit
- ☐ Within 6 months of going on deployment
- ☐ Deployed
- ☐ Within 6 months after deploying
- ☐ Major overhaul
- ☐ Other

54. Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?

- ☐ Not scheduled to deploy with orders to shore duty → (Skip to question 60)
- ☐ No, I continued to work where I was before becoming pregnant → (Skip to question 60)
- ☐ Yes, from sea to shore duty
- ☐ Yes, from overseas shore duty to CONUS
- ☐ Yes, from a deployable aviation squadron to the air station or non-deploying squadron
- ☐ Yes, from the work center I was in to another work center at the same command
- ☐ Yes, other (specify from and to _____)

55. How many weeks pregnant were you (or will you be) when you were transferred or moved?

Weeks	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8

56. If you were on sea duty at the time, how long before your original prospective rotation date (PRD) were you moved ashore?

- ☐ I was not on sea duty at the time → (Skip to question 60)

Years	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8

Months	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8

57. If you were moved off the ship before the 20th week of your pregnancy, why did it happen?

- ☐ I was not moved before the 20th week
- ☐ Because of medical reasons
- ☐ Because the ship had a heavy underway schedule or was deploying
- ☐ Because of the ship's policy to transfer pregnant women before the 20th week
- ☐ I don't know why
- ☐ Because of (specify: _____)

58. Did you ask to be moved?

- ☐ Yes
- ☐ No

59. What type of work did you do after the move?

- ☐ Same as before but in a different location
- ☐ Admin/clerical kind of work that is not in my rating/designator
- ☐ Duty office/phone watch
- ☐ Other

60. Would you have been interested in attending a pregnancy fitness class during your pregnancy?

- ☐ Yes
☐ No
☐ Don't know

61. Before delivery, were your work hours reduced to less than 40 hours per week? (Mark all that apply.)

- ☐ No
- ☒ Yes, during the 1st three months
- ☐ Yes, during the 2nd three months
- ☐ Yes, during the 7th and 8th months
- ☐ Yes, during the last month
- ☐ Don't know: I'm still pregnant

62. Where did you deliver the baby?

- ☐ I did not deliver
☐ At a military hospital
☐ At a civilian hospital
☐ Other

The following questions refer to events occurring after your most recent pregnancy if you delivered an infant who survived. If you miscarried, aborted, had a still birth, or ectopic pregnancy, skip to question 71.

63. How many days were you off after the delivery (convalescent and annual leave) before returning to duty?

63a. Days
convalescent
leave

63b. Days annual leave

Days		
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

Days		
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

64. Did you return to the unit you were assigned to prior to your pregnancy?

- ☐ Does not apply. I was not transferred or sent TAD during pregnancy → **(Skip to question 66)**
- ☐ Yes, I had been transferred but returned to my unit → **(Skip to question 66)**
- ☐ Yes, I had been TAD but returned to my unit → **(Skip to question 66)**
- ☐ No, I stayed with the unit I had been transferred to during my pregnancy
- ☐ No, I went to a different shore-duty command
- ☐ No, I went to a different ship or deployable unit

65. Did you consider this new assignment as career enhancing as your assignment before the pregnancy?

- ☐ It was equally career enhancing
- ☐ It was less career enhancing
- ☐ It was more career enhancing

66. Did you feel you were treated differently at work by your co-workers because you had a baby?
(SELECT ONLY ONE.)

- ☐ No
- ☐ Yes, with more concern for my welfare
- ☐ Yes, with more respect
- ☐ Yes, with less respect
- ☐ Other

67. What was the gender of your supervisor, when you returned to duty?

- Female
Male

68. Did you feel you were treated differently at work by your supervisor because you had a baby?
(SELECT ONLY ONE.)

- ☐ No
☐ Yes, with more concern for my welfare
☐ Yes, with more respect
☐ Yes, with less respect
☐ Other

69. If you were breast feeding when you returned to duty, were you given time to pump your breasts or breast feed your baby?

- ☐ I was not breast feeding when I returned to duty
☐ Yes, during my breaks or meals
☐ Yes, when I needed to
☐ No

70. Were you given a comfortable, private location for breast feeding or pumping?

- ☐ I was not breast feeding when I returned to duty
- ☐ Yes
- ☐ No

COMMENTS

71. Do you have any additional comments?

If you have any questions, please contact the
 (901) 876-1911 or (800) 885-4541
 for your nearest office location.

Thank you for your participation!

Please complete the survey as soon as possible, and put it in the envelope provided or return to:

**COMMANDER
NAVY PERSONNEL COMMAND
Survey Operations Center (SOC)
5720 Integrity Drive (PERS-14)
Millington, TN 38055-1400**

**If you have any questions, call Zannette Uriell
(901) 874-4641 or DSN 882-4641,
or e-mail: zannette.uriell@navy.mil**

Appendix B:
2003 Pregnancy and Parenthood Survey
Male Version



Chief of Naval Personnel

Washington, DC

2003 Pregnancy and Parenthood Survey

Male Version



Navy Personnel Research, Studies, and Technology
Institute for Organizational Assessment
Millington, TN 38055-1400



2003 Pregnancy and Parenthood Survey

Male Version

PRIVACY ACT STATEMENT

Authority to request this information is granted under Title 5, U.S. Code 301, and Department of the Navy Regulations. License to administer this survey is granted under OPNAV Report Control Symbol 6300-1, which expires on 30 September 2006.

PURPOSE: The purpose of this questionnaire is to collect data to evaluate existing and proposed Navy personnel policies, procedures, and programs.

ROUTINE USES: The information provided in this questionnaire will be analyzed by the Navy Personnel Research, Studies, and Technology Department. The data files will be maintained by the Navy Personnel Research, Studies, and Technology Department where they may be used for determining changing trends in the Navy.

ANONYMITY: All responses will be held in confidence by the Navy Personnel Research, Studies, and Technology Department. Information you provide will be considered only when statistically summarized with the responses of others, and will not be attributable to any single individual.

PARTICIPATION: Completion of this questionnaire is entirely voluntary. Failure to respond to any of the questions will NOT result in any penalties except possible lack of representation of your views in the final results and outcomes.

If you have any questions about this survey, please contact Zannette Uriell at (901) 874-4641, DSN 882-4641, zannette.uriell@navy.mil. For questions regarding Human Subjects issues contact NPRST Protection of Human Subjects committee at (901) 874-4994, or (DSN) 882-4994.

MARKING INSTRUCTIONS

- USE NO. 2 PENCIL ONLY.
- Do NOT use ink, ballpoint or felt tip pens.
- Erase cleanly and completely any changes you make.
- Make black marks that fill the circle.

CORRECT: ●

INCORRECT: ✓ ✗ ○ ●

- When applicable, write the numbers in the boxes at the top of the block.
- Do not make stray marks on the form.
- Do not fold, tear, or mutilate this form.



DEMOGRAPHICS

1. What is your age?

Years	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2. What is your race/ethnicity? (Mark all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian)
- ☐ White

3. What is your current marital status?

- ☐ Single, never married
- ☐ Divorced, separated, or widowed
- ☐ Married to Navy servicemember
- ☐ Married to member of another military service or Coast Guard
- ☐ Married to civilian

4. To what type of command are you currently assigned?

- ☐ Ship
- ☐ Other deployable squadron
- ☐ Other deployable unit
- ☐ Non-deployable squadron
- ☐ Shore activity or command, but not as a student
- ☐ Navy funded school as a student

5. What are your current Navy career plans?

- ☐ Probably will leave at the end of this enlistment/obligation
- ☐ Probably will sign on again, but not stay until eligible to retire
- ☐ Probably will stay until eligible to retire
- ☐ Eligible to retire now, but will remain on active duty
- ☐ Undecided

6. What is your paygrade/rank?

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> E-1 | <input type="checkbox"/> W-2 | <input type="checkbox"/> O-1 |
| <input type="checkbox"/> E-2 | <input type="checkbox"/> W-3 | <input type="checkbox"/> O-2 |
| <input type="checkbox"/> E-3 | <input type="checkbox"/> W-4 | <input type="checkbox"/> O-3 |
| <input type="checkbox"/> E-4 | <input type="checkbox"/> W-5 | <input type="checkbox"/> O-4 |
| <input type="checkbox"/> E-5 | | <input type="checkbox"/> O-5 |
| <input type="checkbox"/> E-6 | | <input type="checkbox"/> O-6 and above |
| <input type="checkbox"/> E-7 | | |
| <input type="checkbox"/> E-8 | | |
| <input type="checkbox"/> E-9 | | |

7. What is your officer designator?

- ☐ Does not apply. I am enlisted.

Designator			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Designator			
1	1	0	0
0	0	●	●
●	●	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

EXAMPLE

8. If you are rated or a designated striker, what is your general rating?

- ☐ Does not apply, I am an officer.
☐ Does not apply. I am a GenDet/not rated/not a designated striker.

→ I am: ☐ SN
☐ AN
☐ FN
☐ CN

Rating		
A	A	A
B	B	B
C	C	C
D	D	D
E	E	E
F	F	F
G	G	G
H	H	H
I	I	I
J	J	J
K	K	K
L	L	L
M	M	M
N	N	N
O	O	O
P	P	P
Q	Q	Q
R	R	R
S	S	S
T	T	T
U	U	U
V	V	V
W	W	W
X	X	X
Y	Y	Y
Z	Z	Z

Rating		
I	C	
A	A	A
B	B	B
C		
D	D	D
E	E	E
F	F	F
G	G	G
H	H	H
I		
J	J	J
K	K	K
L	L	L
M	M	M
N	N	N
O	O	O
P	P	P
Q	Q	Q
R	R	R
S	S	S
T	T	T
U	U	U
V	V	V
W	W	W
X	X	X
Y	Y	Y
Z	Z	Z

EXAMPLE

PARENTHOOD

9. Have you ever been a parent while in the Navy?

- ☐ Yes
☐ No → (Skip to question 18)

10. When you entered the Navy, were you:

- ☐ Married, with child(ren)
☐ Married without child(ren)
☐ Single, no child(ren)
☐ Single parent with custody of child(ren)
☐ Single parent without custody of child(ren)

→ 11. Did you get custody back within 6 months of entering the Navy?

- ☐ Yes
☐ No

12. What are the ages of your children (natural, adopted, or stepchildren) under the age of 21 who live in your household? (Include children who would normally live with you but who are not with you now because you are deployed or on an unaccompanied tour.) (Mark all that apply.)

- ☐ I have no child(ren) under age 21 living in my household
☐ Birth through 2 years
☐ 3 through 5 years
☐ 6 through 12 years
☐ 13 through 15 years
☐ 16 through 18 years
☐ 19 through 20 years

13. Who usually cares for your child(ren) when you are deployed or on an unaccompanied tour?

- ☐ I have no child(ren) under the age of 21 → (Skip to question 18)
☐ I have never been deployed or on an unaccompanied tour → (Skip to question 18)
☐ Their other parent (natural or step-parent) cares for them
☐ A grandparent or other relative cares for them
☐ Someone who is not a relative cares for them

14. When you are deployed or on an unaccompanied tour, does your child(ren) have to temporarily move into a home other than their own?

- ☐ Yes
☐ No

15. Are you currently a single parent of a child(ren) under the age of 21?

- ☐ No → (Skip to question 18)
- ☐ Yes, with sole custody of my child(ren)
- ☐ Yes, with joint custody and my child(ren) usually live with me more than half the time
- ☐ Yes, with joint custody and my child(ren) usually live with their other parent or custodian more than half the time
- ☐ Yes, but I don't have custody or joint custody of my child(ren)

15a. Do you financially support or contribute to the financial support of your child(ren)?

- ☐ Yes
- ☐ No

16. How did you become a single parent?

- ☐ Divorce
- ☐ Unmarried when child was born
- ☐ Adoption
- ☐ Death of spouse
- ☐ Other

17. All single parents with custody and military-married-to-military parents whose children are 18 or younger must complete the Family Care Certificate. On this form, parents state who will be responsible for their child(ren) if the parent is recalled to duty, sent TAD, or assigned an unaccompanied tour. Since arriving at your current command, have you completed a Family Care Certificate?

- ☐ No, because I am not a single or military-married-to-military parent
- ☐ No, because I have not been here 60 days yet
- ☐ No, I have not been told to complete the form
- ☐ No, but I have been told to complete the form
- ☐ Yes, I have completed it

18. Have you seen the video, "Planning For Tomorrow-Parenting and Pregnancy"? (SELECT ONLY ONE.)

- ☐ No
- ☐ I think so, but I'm not sure
- ☐ Yes, at recruit training
- ☐ Yes, at this command
- ☐ Yes, at some other command

19. Have you seen the video, "Give Yourself a Chance"? (SELECT ONLY ONE.)

- ☐ No
- ☐ I think so, but I'm not sure
- ☐ Yes, at recruit training
- ☐ Yes, at this command
- ☐ Yes, at some other command

FAMILY PLANNING ATTITUDES

20. When in her Navy career is the best time for a woman to become pregnant?

- ☐ Never; being in the Navy and motherhood are not compatible
- ☐ Whenever the woman wants a child
- ☐ After her first tour
- ☐ During shore duty, but not after getting orders to sea duty
- ☐ While on sea duty
- ☐ After receiving orders to shore duty, if the ship/squadron is not deploying

21. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	NOT AT ALL TRUE OF ME	SLIGHTLY TRUE OF ME	SOMEWHAT TRUE OF ME	MOSTLY TRUE OF ME	COMPLETELY TRUE OF ME	NOT APPLICABLE
a. I think it is important to use birth control until getting married, and then it doesn't matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have had sexual intercourse without using birth control (or my partner using it) even though I did not want to father a child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I make it my responsibility to discuss birth control with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I think it is important for men to get involved with birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My most recent partner encouraged use of birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Birth control is the responsibility of the woman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BIRTH CONTROL PRACTICES

22. Do you or your partner usually use a form of birth control (including tubal ligation or vasectomy)? (If you have more than one partner, answer with your usual or most recent partner in mind.)

- ☐ Yes → (Skip to question 24)
☐ No

23. Why don't you use birth control?

- ☐ I do not have sex (abstinent) or have not had sex in 6 months → (Skip to question 26)
☐ I (or my partner) am not fertile → (Skip to question 26)
☐ My (or my partner's) religion or personal beliefs do not permit the use of birth control → (Skip to question 26)
☐ I (or my partner) do not want to use birth control → (Skip to question 26)
☐ I am not comfortable discussing birth control → (Skip to question 26)
☐ I am not comfortable getting birth control → (Skip to question 26)
☐ My partner is pregnant or trying to get pregnant
☐ Other

24. What method of birth control do you or your partner usually use?

- ☐ Tubal ligation or vasectomy → (Skip to question 26)
☐ Birth control pill
☐ Birth control patch
☐ Condom (rubber) only
☐ Condom with another method
☐ Depo-Provera®
☐ Rhythm method
☐ Withdrawal
☐ Diaphragm
☐ IUD (intrauterine device)
☐ Spermicidal foam or jelly
☐ Other

25. On the last occasion that you had unprotected sex (without birth control), had you or your partner been drinking alcohol?

- ☐ I never have unprotected sex except when I want to father a child
☐ Neither of us was drinking
☐ Both of us were drinking
☐ I was drinking
☐ She was drinking

26. How much do you AGREE or DISAGREE with the following statements?

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
a. I would feel comfortable discussing birth control with a military physician.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would feel comfortable getting birth control from a military physician.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would feel comfortable discussing birth control with a military nurse practitioner/physician assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I would feel comfortable getting birth control from a military nurse practitioner/physician assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I would feel comfortable discussing birth control with a corpsman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I would feel comfortable getting birth control from a corpsman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I would feel comfortable discussing birth control with the medical personnel aboard ship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I would feel comfortable getting birth control from the medical personnel aboard ship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I would feel more comfortable getting birth control from a civilian health care provider than from a military health care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Indicate whether you believe each of the following statements is true, false, or you don't know.

	TRUE	FALSE	DON'T KNOW
a. When used properly, condoms are just as effective as the pill in preventing pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Women cannot get pregnant during their menstrual period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Birth control medicines (e.g., the pill, Depo-Provera®) lead to cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Almost all women who take the birth control pill gain weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. All methods of birth control are equally effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emergency contraception involves taking a specified dosage of birth control pills within 72 hours of unprotected sex, followed by a second dosage 12 hours later.

28. Regarding emergency contraception, which of the following statements are true for you?

	DON'T KNOW		
	NO		
	YES		
a. Prior to this survey, I knew what emergency contraception was.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. During my last physical exam, emergency contraception was discussed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Emergency contraception is available where I am currently stationed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. From which of the following sources have you received training in STDs (sexually transmitted diseases), including HIV? (Mark all that apply.)

- ☐ Previous command
- ☐ Current command
- ☐ Physician
- ☐ Nurse practitioner/Physician assistant
- ☐ Corpsman
- ☐ Other

30. From which of the following sources have you received training in methods of birth control? (Mark all that apply.)

- ☐ Previous command
- ☐ Current command
- ☐ Physician
- ☐ Nurse practitioner/Physician assistant
- ☐ Corpsman
- ☐ Other

31. From which of the following sources have you received training about the Navy pregnancy policy (OPNAVINST 6000.1B)? (Mark all that apply.)

- ☐ Previous command
- ☐ Current command
- ☐ Physician
- ☐ Nurse practitioner/Physician assistant
- ☐ Corpsman
- ☐ Other

32. From which of the following sources have you received training about the Navy Family Care Plan (OPNAVINST 1740.4A)? (Mark all that apply.)

- ☐ Previous command
- ☐ Current command
- ☐ Physician
- ☐ Nurse practitioner/Physician assistant
- ☐ Corpsman
- ☐ Other

COMMENTS

33. Do you have any additional comments?

Thank you for your participation!

Please complete the survey as soon as possible, and put it in the envelope provided or return to:

**COMMANDER
NAVY PERSONNEL COMMAND
Survey Operations Center (SOC)
5720 Integrity Drive (PERS-14)
Millington, TN 38055-1400**

**If you have any questions, call Zannette Uriell
(901) 874-4641 or DSN 882-4641,
or e-mail: zannette.uriell@navy.mil**

Appendix C:

Analysis of Open-ended Comments

Analysis of Open-ended Comments

There were 1,258 comments provided by respondents across both versions of the 2003 Pregnancy and Parenthood Survey; 69 percent of the comments were from women and 31 percent were from men. These comments were entered into a spreadsheet and then imported into Megaputer's PolyAnalyst, a software program that can analyze open-ended survey comments. Within PolyAnalyst, the Text Analysis option was run. A list of commonly used words (terms) and their frequency was generated. The output was then reviewed for any duplications and/or similarities regarding definition and terminology; for example, words such as "education" and "training" were grouped together. Next, the internal dictionary was updated to link similar terms. A second Text Analysis was then run, which gave greater frequency distributions because of the larger groupings of terms. Comments could appear under multiple terms.

The Text Analysis itself was interpreted. Based on the context of the comment, some terms that are frequently used can be further looked into to see the actual content within which these terms fall. The open-ended comments on the surveys could have both negative and positive attributes, and could include comments that were not pertinent to the survey. The comments addressed in this Appendix have been chosen because they meet the criteria developed when evaluating a term. Once key terms were identified, each comment with that term was read for contextual significance.

The Text Analysis found 100 terms with a measure of consistency throughout the comments. The researchers chose to further explore seven of the key terms. The comments have been modified where appropriate to correct grammar as well as protect anonymity, and are provided to illustrate the types of comments in each subgroup. It should be noted that these comments provide amplification to the main statistical results of the survey item. Since comments tend to be either highly negative or highly positive, they may not be representative of the entire group of respondents, and therefore should be interpreted cautiously.

Navy

The term "Navy" appeared in 415 comments. Many (57%) addressed the attitude of the Navy (organization) regarding pregnancy and parenthood. These attitudes are both positive (14%) and negative (69%); the comments chosen refer to the organizational and personal aspects. Comments also give suggestions (24%) of how the Navy could be improved to make pregnancy and parenthood in the Navy better.

Positive Comments

- I feel the Navy has a great program for dealing with pregnant women.
- Times have changed. I think the Navy does a great job with pregnancy these days.
- I feel that the Navy encourages a woman to have a family if she chooses to. The Navy seems to offer a lot towards making that compromise of job and family work.
- The Navy has a good pregnancy program.
- Being a father in the Navy is wonderful.

Negative Comments

- Expecting a baby in the Navy is horrible.
- I do not believe the Navy is as family-oriented as it claims.
- After finding out I was pregnant, I was harassed by my peers and by my supervisors.
- I know that if I want to have a family, a career in the Navy is impossible.
- Pregnancy is a serious threat to readiness.

Suggestions

- Navy should provide more resources to preventing divorce/separation between parents.
- Navy should pay for at least one abortion.
- I think women in the Navy should get more convalescent leave after having a baby, especially when on sea duty.
- Offer 24-hour childcare facilities.
- Offer jobs that can be done at that individual's command instead of transferring or sending TAD (i.e., temporary assigned duty) somewhere.

Information

The term "Information" was expanded to include "Training"; this new grouping appeared in 273 comments. Thirty-two percent of this group discusses a need for more training, 41 percent indicate they hadn't attended training, 7 percent discuss accessibility, and 18 percent discuss better training. The comments listed reveal respondent's perception of the effectiveness and consistency of the training program, and how well educated about pregnancy and parenting matters respondents consider themselves.

More training

- I think more women need more information about birth control. They need to be more educated.
- I feel like it needs to be discussed more often.
- I feel we need more training on birth control because I didn't get any information from the Navy.

Never trained

- I received no training in STDs or birth control.
- I have never been taught Navy family policy and pregnancy policy.
- I am a male bachelor; don't know much about contraception, female pregnancy.

Accessibility

- I believe it is very difficult for women in the military to get certain medical advice/attention.
- It's sometimes difficult to get hold of birth control without having to pay for it.
- A very small number of military doctors will not prescribe birth control.

Better training

- I think birth control should be discussed with both male and female members once or twice a year.
- I feel that every command should have a well-educated service member to deal with pregnancy issues and birth control education.
- Would like to see birth control openly aboard ships.

Career

The term "Career" appeared in 136 comments. By analyzing each comment, it was determined that the respondents discuss the perceived success of combining a Naval career and parenting (64%) and the effect of parenting on a Naval career in regards to retention (16%). The comments listed share personal accounts of parenting while in the Navy and ideas regarding retention and parenting.

Career path and parenting

- I sincerely hope the future will hold great advances for combining a Navy career with parenting.
- Single parenthood and Navy career are not compatible.
- The first year of parenthood was made very difficult for us and made it almost impossible for me to concentrate on my career.
- Since I have had my kids, I have been turned down for more competitive jobs that would require longer hours or travel.

Retention

- I, therefore, will probably not make the Navy my career. It is unfortunate that it comes down to a decision between a child and my job but I will not risk deploying without my family.
- I am now finding out it will be difficult to have other children and continue my career. That is why I will most likely get out of the Navy.
- Being pregnant in the military does not have to be a career ending decision.

Personnel

The term “Personnel” was included in 301 comments. There are consistent negative (58%) and positive (21%) experiences within “Personnel.” The comments listed share the personal comments offered by respondents.

Negative experiences

- Co-workers and supervisors were rude and not supportive.
- When my supervisor learned I was pregnant, he sent me to tasks like painting and heavy lifting.
- When a female officer became accidentally pregnant, the Commanding Officer made her stand before all the officers in the squadron and explain “what happened.”

Positive experiences

- I could not have asked for a more supportive command.
- The command I was in when I had my child was supportive of single parents.
- The immediate chain of command and co-workers have been mostly supportive.

Pregnancy

The term “Pregnancy” appeared in 354 comments. Most (55%) are general suggestions while another 29 percent are personal accounts of pregnancy.

Suggestions

- I think each pregnancy case should be based on an individual’s pregnancy and need.
- I think a pregnant female should be allowed to stay at the command she is at during pregnancy for one year after giving birth instead of having to return to sea or be deployed after five months.
- A list of scheduled prenatal classes should be mailed to expecting mothers and fathers/coaches.
- Would like to see birth control openly aboard ships. Also, more training to our junior personnel on the long-term effects of pregnancy.

Personal Accounts

- I have always had to pump milk in a bathroom stall for all my children. Different bosses/coworkers approach pregnancy different.
- I was pregnant and I notified my doctor that I was terminating the pregnancy and my whole command found out about me terminating the pregnancy.
- I am 32 weeks pregnant and I’ve had a different doctor for every appointment.

- In my years in the Navy, I have experienced that it's mostly very young Sailors (first termers) who don't seem to have a clue or don't care about pregnancy and parenthood and their challenges.

Duty

The term "Duty" appeared in 230 comments. Comments cover suggestions about duty and pregnancy (49%), perceived effects of duty on pregnancy (48%), and personal accounts of duty and pregnancy (29%).

Suggestions

- She should be given a choice to work on shore duty or sea duty.
- Navy needs to look into 24-hour daycare options for when the parent has duty and they do not live by any family members.
- I think single females who become pregnant are not fit for duty and should be medically separated.
- I feel strongly that if both parents are active duty, one parent should be in a non-deployable status.

Perceived Effects of Duty on Pregnancy

- A lot of young females get pregnant to get out of sea duty and this is the wrong thing to do.
- My evaluation marks were dropped in motivation because of my pregnancy.
- I am currently stationed overseas and am the Women's Health Coordinator. I see many single active duty females coming through my office. Almost all of them return to the States because there is no housing available for E-3 or below, only barracks.
- I almost lost the baby on my sea duty tour due to overwork and excessive climbing and tiredness.

Personal Experience/Accounts of Duty and Pregnancy

- The men have problems doing the work while a person has a doctor's appointment. After I got back to work I was told by my male supervisor that I had to make up for the duties I had missed while I was on bed rest for a complicated pregnancy.
- I am a top-notch Sailor transferring to sea duty and trying to make friends (fast) and ask them if they would help take care of my son on my duty days (8 sections).
- When I returned to the ship after having the baby, the whole wardroom knew of me; they all knew that I had gotten pregnant while on sea duty. I was one board short of getting my SWO pin and, because I was a bad example to the young female sailors, that board was never scheduled.

- Pregnancy and Sea Duty do NOT mix! I have experienced too many manpower shortages at critical times (deployment, shipyard, etc.) due to unplanned pregnancies. Females that get pregnant at those critical times should be punished for dereliction of duty. Also, manpower should have an emergency plan for situation of that sort.

Contraception

The term “Contraception” appeared in 225 comments. Men discussed this term more often than women. There were no consistent, major themes.

- I have never heard of emergency contraception.
- I heard some time ago that there was a male birth control pill and yet to my knowledge the Navy does not offer it.
- As a Navy physician, I am strongly committed to providing a range of contraception options to our active duty women.
- The CO of a ship has potentially too much involvement in abortion/emergency contraception.
- I am a male bachelor. I don’t know much about contraception or female pregnancy.

Generally, the comments support many of the main survey findings, especially regarding family planning attitudes and birth control. However, the comments provide additional information regarding training that was not captured by the survey questions. When respondents discussed training, a large percentage detailed that Navy personnel not only needed to be trained but also needed more and better training, which is beyond the survey finding that most have had training. Additional information is also captured about perceived effects of pregnancy on issues such as morale, retention, career choices, contraception, and duty.

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